FACTORS ASSOCIATED WITH HOPE IN SCHIZOPHRENIA SURVIVORS

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ABSTRACT

This study aims to explore the factors that influence hope in schizophrenia survivors at the Bumi Kaheman Rehabilitation Center. The method used is a quantitative approach with a cross-sectional study. The results of the study show that the factors that influence hope in schizophrenia survivors at the Bumi Kaheman Rehabilitation Center are social support, anxiety, recovery, and quality of life. This is shown by the p-value of the relationship between hope and social support, stress, healing, and quality of life, which is less than 0.05. Hope is essential in improving the care process carried out by schizophrenia survivors. Efforts to increase expectancy can be made by providing interventions focusing on the factors affecting hope. In conclusion, the factors that affect hope in schizophrenic patients consist of social support, anxiety, recovery, and quality of life.

Keywords: Factors, Hope, Schizophrenia

INTRODUCTION

Schizophrenia is a mental disorder with symptoms such as thinking, feeling, and behaving (Windarwati et al., 2021). People with schizophrenia have lost contact with reality, causing difficulties for the individual and those around them (Hidayah et al., 2022). Schizophrenia is someone who experiences a fractured soul or splitting of personality. Schizophrenia is also defined as a form of functional psychosis, which is accompanied by severe disturbances in thought processes and disharmony (gaps, cracks) between thought processes, impressions or feelings, will and psychomotor skills, accompanied by distortion of thoughts, and reality, primarily due to illusions and hallucinations (Bergmann et al., 2021).

WHO states that the recurrence rate of schizophrenia since 2018 has increased yearly from 28.0% to 43.0% in 2019, then rose to 54.0% in 2020. Data in Indonesia shows that currently, the number of schizophrenia survivors in Indonesia has 236 million people with characteristics of mild mental disorders, 6% of the population, while survivors with aspects of severe mental illnesses are 0.17% and 14.3% of them are in shackles. In other data, it was recorded that 6% of the population aged 15-24 years experienced mental disorders (Lestari et al., 2021).

The emergence of a relapse of schizophrenia will undoubtedly be detrimental and endanger the patient, family, and society. When a relapse occurs, schizophrenic sufferers can engage in abnormal behavior such as tantrums, anarchic actions such as destroying objects, or other activities worse than those aimed at hurting or even killing others or themselves. When this happens, it can cause a loss of trust in those around the person with schizophrenia. The victim's family can also be materially harmed if the victim has to be re-treated or sent back to a mental hospital (Ramadhani et al.,

2022). In social life, schizophrenia survivors act as members of society. Still, the recurrence of schizophrenia is often felt as embarrassing and burdensome because the individual is no longer productive and, therefore, cannot carry out their roles, duties, and responsibilities. Work As a result, schizophrenia survivors are often hidden and neglected, even in several areas of Indonesia where schizophrenic sufferers are chained. (Hidayah et al., 2022).

Hope is the most critical factor determining the success of treatment and reduction of relapse. The patient's initial expectations regarding the course of treatment are the most essential factors influencing the patient's willingness to participate (Fortuna et al., 2022). Hope is a necessary factor in improving health and is positively related to mental and physical well-being. Recent research also shows that hope is an essential predictor of life satisfaction, positive affect, negative affect, and growth (Mamnuah, 2021).

Bandung Regency is the fourth-ranked district with the highest number of ODGJ cases, resulting in many ODGJs being treated to restore the function of ODGJ in society; one of these homes is Panti Bumi Kaheman. Bumi Kaheman Rehabilitation Home has rehabilitation methods that include medical, psychological, and social. Panti Bumi Kaheman also has a more extended treatment period than psychiatric hospitals or mental clinics. Panti Bumi Kaheman has a broader spectrum of mental cases at one time and place. However, there has been no special effort to increase hope in schizophrenic patients at Panti Bumi Kaheman. Several factors related to hope in schizophrenia survivors are self-knowledge, depressive symptoms, lack of social support, length of drug withdrawal, negative symptoms, anxiety, sociodemographics, psychopathology, and patient self-stigma (Caqueo-Urízar et al., 2022). So, this is a reason for researchers to find out the factors that influence hope in schizophrenic patients at Panti Bumi Kaheman. This research presents various data that show the factors that influence schizophrenia. The variables presented are also a. So, this data can be a consideration for Panti Bumi Kaheman in developing efforts to increase hope for schizophrenia patients.

RESEARCH METHODS
Research Design

The research design used in this research is a correlation study with a cross-sectional study type. This research uses cross-sectional analysis, namely studying a sample at a particular time. The research examined factors related to hope in schizophrenia survivors at the Bumi Kahem Rehabilitation Home in Soreang.

Participant Selection

The population in this study were schizophrenia patients treated at the Bumi Kaheman Rehabilitation Home from January to February 2023, with 60 patients. The inclusion criteria in this study were patients in a stable condition based on recommendations from a psychiatrist, able to read and communicate well, and patients willing and willing to fill out an informed consent form. Meanwhile, the exclusion criteria are schizophrenia patients with organic disorders, failure to obtain therapeutic outcomes and returning to the acute period, and patients who cannot speak Indonesian. The technique used to determine the sample in this study was the Total Sampling technique. Total Sampling Technique is a sampling technique for the entire population. The number of pieces used was 60 samples. This research was conducted at the Bumi

Kaheman Rehabilitation Home, Bandung Regency. The research period was carried out from March 2023 to April 2023.

Research Instrument
The instruments used in this research are as follows:
Hope
The hope questionnaire used to measure hope in schizophrenia survivors is the Schizophrenia Hope Scale. This scale uses 9 question items that measure the hope dimension using a Likert scale.

Social Support
Researchers used the Multidimensional Scale of Perceived Social Support (MSPSS). The first MPSS dimension is family, with indicators: comfortable familiarity with family, family support, and family appreciation. Another dimension is that friends show comfort with friends, show help from friends, and show appreciation for friends. The third dimension is essential people (superiors) who show signs of comfort with directors, provide advice from supervisors, receive help from supervisors, and feel appreciated by managers.

Worry
In this study, the Depression, Anxiety, and Stress Scale (DASS) was used to measure stress levels. This measure consists of 42 questions with three scales designed to test three types of emotional states, namely depression, anxiety, and stress. Each scale has 14 questions. The items on the anxiety scale are numbered 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30, 36, 40, 41. Each question has 4 points, namely 0 = never. 1 = sometimes, 2 = often, 3 = always. The final DASS scale score is normal = 0-14, mild anxiety = 15-18, moderate anxiety = 19-25, severe anxiety = 26-33, and severe anxiety 34-42.

Recovery
The Process of Recovery (QPR) questionnaire has 15 items, each rated on a 4-point scale (0=strongly disagree, 1=disagree, 2=neither agree nor disagree, 3=agree, 4=strongly agree). Higher scores indicate recovery.

Quality of Life
The questionnaire used is the Indonesian Modification Subjective Well-Being Under Neuroplastic (IM-SWN), which is an instrument consisting of 20 questions to measure the quality of life of schizophrenia patients who are undergoing antipsychotic therapy.

Ethics Approval
The researcher has obtained ethical approval from the STIKEP PPNI Ethics Commission of West Java Province with honest number III/012/KEPK-SLE/STIKEP/PPNI/JABAR/IV/2023. Researchers provide information to patients in advance regarding the purpose of the research, the benefits of the investigation, and the rights and obligations of respondents. Then researchers also guarantee data confidentiality by accessing data that researchers can only access.

Data Collection

After obtaining permission from the rehabilitation and health care facilities and centers designated as research sites, researchers contacted respondents for approval to participate as respondents. Researchers made observations using a questionnaire containing questions about the therapy offered in rehabilitation centers to increase the hope of schizophrenia survivors. The patient's Hope Questionnaire is completed with the Hope Scale at the Bumi Kahemani Rehabilitation Center.

Data Analysis

In this study, a univariate analysis was carried out on the research results, which were given univariate treatment for each variable. H. social support, anxiety level, recovery, and quality of life. In this study, bivariate analysis was carried out on two variables that were thought to be correlated. x2 (chi-square) analysis. We are used to seeing between two variables using the Chi-square test formula. A significance threshold of 0.05 indicates the significance of statistical calculations. The hypothesis is rejected if the results obtained are $\rho<0>0.05$ (no difference or significant relationship between the determinants and the expectation of schizophrenia).

RESEARCH RESULT

Table. 1
Respondent Characteristics

Characteristics	Frequency (f)	Percentage (%)
Age		
26-35 Years	19	31.7
36-45 Years	16	26.7
46-55 Years	25	41.7
Gender		
Man	38	63.3
Woman	22	36.7
Last education		
No school	20	33.3
Elementary School/Equivalent	20	33.3
Middle School/Equivalent	20	33.3
Marital status		
Marry	22	36.7
Single	28	46.7
Widow	5	8.3
Widower	5	8.3
Length of Treatment		
1-2 Years	4	6.7
3-5 Years	19	31.7
6-10 Years	32	53.3
More than 10 Years	5	8.3

Based on table 1 above, the results show that the majority are aged 46-55 years as much as 41.7%, more than half of them are male as much as 63.3%, with the highest level of education being an average of all elementary school 33.3%, middle school 33.3% and 33.3% do not go to school, the marital status of the majority is unmarried as much as 46.7% and most of the length of stay is 6-10 years as much as 53.3%.

This research analyzes the factors that influence hope in schizophrenia patients. The first factor that the authors analyzed was social support for hope in schizophrenia patients.

Table. 2
Relationship to Schizophrenia Hope Scale
with Social Support in Schizophrenia Patients

Social Support	Hope for Schizophrenia Survivors				P-Value
	Low		Tall		
	f	%	f	%	
Low social support	8	13.3%	11	18.3%	
Moderate social support	1	1.7%	2	3,3%	0.047
High social support	5	8.3%	33	55%	
Total	14	23.3%	46	76.7%	

Table 2 shows that the largest proportion is in patients with high social support and high hopes (55%). Based on statistical results using the chi square test, the p-value = 0.047 < α = 0.05. This shows that there is a relationship between social support and hope for survivors at Panti Bumi Kahaeman, Kab. Bandung in 2023.

The author also analyzes other factors that increase hope in schizophrenia patients, namely anxiety. The anxiety experienced by schizophrenic patients disrupts hope due to an unstable emotional condition.

Table. 3
Relationship to Schizophrenia Hope scale
with Anxiety in Schizophrenia Patients

Worry	Hope for Schizophrenia Survivors				P-Value
	Low		Tall		
	F	%	F	%	
Normal	5	8.3%	25	41.7%	
Mild Anxiety	4	6.7%	7	11,7%	
Moderately Anxious	3	5%	4	6,7%	0.037
Severe Anxiety	1	1.7%	10	16,7%	
Very Severe Anxiety	1	1.7%	0	0%	
Total	14	23.3%	46	76.7%	

The results of the analysis in table 3 show that almost half of schizophrenia patients do not experience anxiety (41.7%). Based on statistical results using the chi square test, the p-value = 0.037 < α = 0.05. This shows that there is a relationship between the level of anxiety and the hope of survivors at Panti Bumi Kahaeman, Kab. Bandung in 2023.

Hope is closely related to the recovery process in schizophrenia patients. So the author analyzes recovery as one of the factors that influences hope in schizophrenia patients.

Table. 4
Relationship to Schizophrenia Hope Scale
with Recovery in Schizophrenia Patients

| Recovery | Hope for Schizophrenia Survivors | | | | P-Value |
| | Low | | Tall | | |
	f	%	f	%	
Bad Recovery	5	8.3%	3	5%	
Good Recovery	9	15%	43	71.7%	0.005
Total	14	23.3%	46	76.7%	

Based on statistical results using the chi square test, p-value = 0.005 < α = 0.05. These results show that there is a relationship between recovery and hope for survivors at Panti Bumi Kahaeman in Kab. Bandung in 2023.

The author analyzed the relationship between hope and quality of life in schizophrenia patients. This is to determine the factors that influence hope in schizophrenia patients.

Table. 5
Relationship to Schizophrenia Hope Scale
with Quality of Life in Schizophrenia Patients

| Quality of life | Hope for Schizophrenia Survivors | | | | P-Value |
| | Low | | Tall | | |
	f	%	f	%	
Poor quality of life	11	18.3%	16	26.7%	
Quality of life Good	3	5%	30	50%	0.005
Total	14	23.3%	46	76.7%	

Based on statistical results using the chi square test, p-value = 0.004 < α = 0.05. These results show that there is a relationship between quality of life and hope for survivors at the Bumi Kahaeman Home in Kab. Bandung in 2023.

DISCUSSION

The results of this research show that there is a relationship between hope and anxiety. Social support, recovery, and quality of life. This can be seen from the p-value <0.005. So, it can be concluded that the factors that influence hope in schizophrenic patients are anxiety, social support, recovery, and quality of life.

This is in line with previous research on post-hospital schizophrenia patients in psychiatric hospitals, which showed that the hope in the recovery process for schizophrenia patients was influenced by the support the patient received from family and friends. Support provided actively can restore schizophrenia patients' confidence in the treatment process and socializing with others. To maximize the care and treatment process for schizophrenia patients. This is in line with other research regarding self-care for schizophrenia patients. Previous research shows that schizophrenia patients receiving social support positively impact the recovery and treatment process. This support arises from the social environment and family environment. Interventions also involve family and social skills to increase hope and a better quality of life (Kurniawan et al., 2021).

Another study on family support for type 2 diabetes mellitus patients shows that family support can increase hope in the healing process for type 2 diabetes mellitus patients (Engh et al., 2022). Family support for patients with type 2 diabetes mellitus helps patients to increase their confidence in their ability to carry out the treatment process. Another study on schizophrenia patients shows a relationship between social support and hope in schizophrenia patients (Yosep et al., 2021, 2023c). This shows. Patients with high social support can increase the patient's self-confidence and confidence in the care and treatment process. Patients also feel safe in undergoing the treatment process at the hospital.

This is supported by previous research, which shows that schizophrenia patients who have high anxiety have low expectations in the treatment process (Sari et al., 2021). Increased pressure in schizophrenia patients causes patients to experience worry and difficulty concentrating in the treatment process. In this study, patients with high anxiety had low expectations for undergoing the treatment process. Meanwhile, schizophrenia patients with low-stress levels hope to undergo treatment.

Other research also shows that anxiety is a factor that influences hope in schizophrenia patients (Alizioti & Lyrakos, 2021). This is caused by the decreased ability to control emotions in Schizophrenia patients with high anxiety levels, so the treatment process for Schizophrenia patients is not running optimally. This differs from other studies, which show no relationship between hope and anxiety in schizophrenia patients (Aliche et al., 2023; Yosep et al., 2023a). Anxiety in schizophrenia patients does not affect expectancy in schizophrenia patients. This is caused by anxiety, which is a worry experienced by individuals. However, hope for patients remains even though these concerns are felt.

The recovery process in schizophrenic patients refers to a satisfying life process, positively interpreting every event, accepting every fate, and believing that there are fates that can and cannot be changed. Then, build a life project. A good recovery process in schizophrenia patients has benefits in improving cognitive functions, increasing compliance, reducing relapses and reducing psychological symptoms, increasing self-confidence and hope, improving psychosocial functioning psychopathology, and reducing psychosocial difficulties (Beainy et al., 2023; Yosep et al., 2023b). The recovery process is integrated with the community to promote good recovery. There are three dimensions to the recovery process: community integration, physical, psychological, and social.

A good recovery process for schizophrenia patients can increase hope for schizophrenia patients. Schizophrenia patients who undergo the recovery process can increase their self-confidence in undergoing the treatment process, so they have hope for the future. This research shows that schizophrenia patients with a good recovery process have high hopes for the treatment process for schizophrenia patients (Sari et al., 2021). Social support and hopes regarding the patient's illness also influence the recovery process.

Other research shows similar results, namely that there is a significant relationship between the recovery process and hope in schizophrenia patients (Clari et al., 2022). Patients who are doing well in the recovery process. Such as complying with the treatment process and routinely carrying out maintenance have high expectations. This differs from patients who need to complete the recovery process better. These patients have low expectations. Recovery in Schizophrenia patients is also influenced by the length of the patient treatment process, and this causes boredom

and boredom in patients who have been undergoing treatment for a long time (Alizioti & Lyrakos, 2021).

Quality of life is an individual's experience, which is influenced by events experienced by the individual, such as subjective experiences previously shared, the individual's mental condition and personality, and hopes (Caqueo-Urízar et al., 2022). Quality of life is also defined as the level to which a person can enjoy essential things or events that occur in his life. Quality of life is also defined as an individual's ability to live an everyday life related to the individual's perception of goals, expectations, standards, and specific attention to the life experienced, which is influenced by the values and culture of the individual's environment (Bergmann et al., 2021).

The results of previous research show that there is a significant relationship between quality of life and hope in schizophrenia patients (Temesgen et al., 2020). Someone with high hopes has more energy to motivate themselves so they can play an active role in solving problems and continue developing. So that individuals with high expectations also have a high quality of life. This reflects the high expectations of schizophrenia patients regarding a good quality of life. Schizophrenia patients with high hopes can encourage patients to have resilience in facing the disease they suffer from to have a good quality of life (Engh et al., 2022; Öztürk et al., 2022). The main goal of treating schizophrenia patients is to improve the quality of life, which includes a safe situation. Finance. Work. Ability to carry out daily activities. Ability to relate to family and social environment.

Other research shows a relationship between quality of life and hope in schizophrenia patients (Yousef et al., 2022). The results of a previous study show that quality of life can correlatively influence the expectations of schizophrenia patients (Aliche et al., 2023). The better the quality of life of the respondents. The better the hope for the treatment process for Schizophrenia patients. This differs from previous research, which showed no relationship between expectancy and quality of life in schizophrenia patients (Caqueo-Urízar et al., 2022). Schizophrenia patients can control themselves to improve their physical and psychological quality of life but cannot raise hope in schizophrenia patients.

The results of this research follow previous opinions stated. That hope can improve the quality of life (Kurniawan et al., 2021). Quality of life is a person's perception of his position concerning his goals, expectations, standards, values, and concerns. This shows that an individual's expectations in life can determine the quality of his life. The results of this study are also supported by previous research, which shows. There was a positive and significant relationship between hope and quality of life in 397 cancer patients (Hidayah et al., 2022). This indicates that high hope is related to the patient's high quality of life. Schizophrenia patients with positive aspects such as hope can encourage patients to have resilience and self-confidence in facing their illness.

CONCLUSION

This research shows that the factors that influence hope in schizophrenia survivors are social support, anxiety, recovery, and quality of life. Hope in schizophrenia patients is essential in the recovery process. So, high hope in schizophrenia patients can improve the recovery and treatment process. This research implies that there is a basis for nurses to provide interventions that focus on increasing factors that increase hope in schizophrenia patients.

SUGGESTION

Suggestions for further research are the need to analyze the effect of nursing interventions in increasing hope in schizophrenia patients.

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