

The Effect of Mental Disturbance Knowledge and Work Motivation on the Perception of Family Social Support and its Impact on the Performance of the Mental Health Cadres

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ABSTRACT

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Monitoring and evaluation survey data for the last three years shows motivation, perceptions of family social support and knowledge of mental disorders by Mental Health Cadres (MHCs) are still lacking. This will have an impact on the low performance of the MHCs duties. This study aims to analyze the effect of knowledge of mental disorders, work motivation and perceptions of social support from the family of People With Mental Disorders (PWMD) on the performance of MHCs, as well as mediating perceptions of social support for PWMD families on the influence of knowledge of mental disorders and work motivation on performance of MHC. The research subjects were 202 MHCs in Jombang Regency. Researcher developed the self-reports to measure of performance, work motivation and perceptions of family social support, as well as a mental disorder knowledge test. Research variable data were analyzed by path regression analysis. The results of the analysis show that knowledge of mental disorders, work motivation and perceptions of social support for PWMD families have a positive effect on performance of MHCs; The perception of social support from PWMD families does not mediate the effect of knowledge of mental disorders and work motivation on performance of MHCs. The research findings will be discussed in the context of the MHCs.

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Keywords: Knowledge, mental disorders, mental health, cadre, perceptions family support, performance, work motivation

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INTRODUCTION

According to the World Health Organization (WHO), one of four human populations in the world experience mental disorders or around 450 million people experience mental disorders worldwide (Yosep, 2018). In Indonesia, the data on the prevalence of mental emotional disorders in people aged ≥ 15 shows 9.8% and in East Java, the rate is around 7% (Riskesdas, 2018). In Jombang Regency, the number of People with Mental Disorders (PWMD) increases every year, from the 2017

data there are 2326 people, in 2018 it has increased by 289 people to 2615 people. Whereas in 2019, there was an increase lower than the previous year, a total of 57 people, a total of 2672, and 15 of them were put in shackles. The number of MHCs is 405 people. Outcomes of severe PWMD health services were 91.7%. (Jombang Health Office, 2020). The government seeks to overcome mental disorders through primary health services. Mental health services have changed from referral-based to community-based. Community Mental Health Nursing (CMHN) is a mental health service at the community level. The CMHN program is developed through the CMHN Basic Course (BCCMHN). The program has succeeded in increasing the ability of patients and families to care for patients independently. Desa Siaga Sehat Jiwa (DSSJ) is designed to maintain and improve patient abilities through the development of the CMHN Intermediate Course, namely training Mental Health Cadres (MHCs). MHCs is tasked with monitoring the independence of patients and families by conducting early detection and mental care for 10 PWMD families, community mobilization, home visits, case referrals, and documentation. Group Activity Therapy (GAT) is part of the task of community mobilization (Stuart & Laraia, 2016). MHCs is required to have good knowledge and understanding of mental disorders. Knowledge of mental disorders will predict the performance of the MHCs in early detection of the mental health of community members, mobilizing the community, conducting home visits, making case referrals and documenting. MHCs is formed by community health center nurses and representatives of village officials who are proposed by the village community. MHCs works voluntarily and therefore requires work motivation. MHCs work assignments include preparation, implementation and reporting of any early detection activities, community mobilization, home visits, case referrals and documentation. Tasks that are full of challenges for MHCs require work motivation. The social support of PWMD families to MHCs is very much needed. MHCs who feel the PWMD family do not provide support will experience obstacles in carrying out their duties. MHCs who feel they have the social support of PWMD families is likely to experience an increase in performance. MHCs's knowledge about mental disorders will lead to the perception of social support from PWMD families. MHCs who have knowledge about mental disorders will have the awareness to develop perceptions of social support for PWMD families. MHCs that has knowledge of mental disorders will directly lead to performance and indirectly lead to performance through the perception of social support from PWMD families. It is hoped that the perception of social support from PWMD families will strengthen the relationship between knowledge of mental disorders and MHCs performance. It is hoped that the MHCs will have the ability to approach PWMD families, so that PWMD families will provide support to the MHCs. MHCs that has work motivation will thus develop the perception of social support for PWMD families in the MHCs which in turn will lead to performance. The perception of family social support can thus be assumed to mediate the relationship between work motivation and MHCs performance. The perception of family social support is expected to strengthen the relationship between work motivation and MHCs performance. Monitoring and evaluation survey data for the last three years (Dinkes Jombang 2020) shows the performance of the MHCs is included in the average category and that too is inconsistent or fluctuating. This indicates low work motivation. The MHCs's lowest performance is home visits. This indicates a low perception of family social support. MHCs reports that are often incomplete are early detection. This indicates low knowledge about mental disorders. Low motivation, perceptions of social support from PWMD families and low knowledge of mental disorders will have an impact on the low performance of MHCs duties. This study will examine the performance of the MHCs in the perspective of knowledge about mental disorders, work motivation and perceptions of social support for PWMD families. The research will be carried out in Jombang Regency.

HYPOTHESIS MODEL

Knowledge of mental disorders and MHCs performance

Proposition 1: MHCs's knowledge of signs of mental disorders, factors affecting mental disorders and classification of mental disorders will lead to performance.

Hypothesis 1: there is an effect of mental disorder knowledge on MHCs performance.

Work motivation and performance of MHCs

Proposition 2: MHCs motivation will lead to performance.

Hypothesis 2: There is an effect of work motivation on MHCs performance.

Perceptions of family social support and MHCs performance

Proposition 3: MHCs which has the perception that PWMD families provide emotional support, reward support, instrumental support, and informative support will lead to performance.

Hypothesis 3: there is an effect of family social support on MHCs performance.

Knowledge of mental disorders and perceptions of social support for PWMD families

Proposition 4: MHCs who has knowledge of signs of mental disorders, factors that influence mental disorders and classification of mental disorders will develop the perception that PWMD families will provide emotional support, reward support, instrumental support, and informative support.

Hypothesis 4: There is an effect of knowledge of mental disorders on the perception of social support for PWMD families.

Work motivation and perceptions of social support for PWMD families

Proposition 5: MHCs with work motivation will develop the perception that PWMD families will provide emotional support, reward support, instrumental support, and informative support.

Hypothesis 5: There is an effect of work motivation on perceptions of social support for PWMD families.

Knowledge of mental disorders, perceptions of social support for PWMD families and MHCs performance

Proposition 6: MHCs having knowledge of signs of mental disorders, factors that affect mental disorders and classification of mental disorders will lead to performance. The relationship between knowledge of mental disorders and performance will be stronger if the MHCs develops the perception that PWMD families will provide emotional support, reward support, instrumental support, and informative support.

Hypothesis 6: there is an effect of knowledge of mental disorders through the perception of social support from PWMD families on MHCs performance.

Work motivation, perceptions of family social support and MHCs performance

Proposition 7: MHCs motivation will lead to performance. The relationship between work motivation and performance will be stronger if the MHCs has a perception that PWMD families will provide emotional support, reward support, instrumental support, and informative support.

Hypothesis 7: There is an effect of work motivation through the perception of social support from PWMD families on MHCs performance.

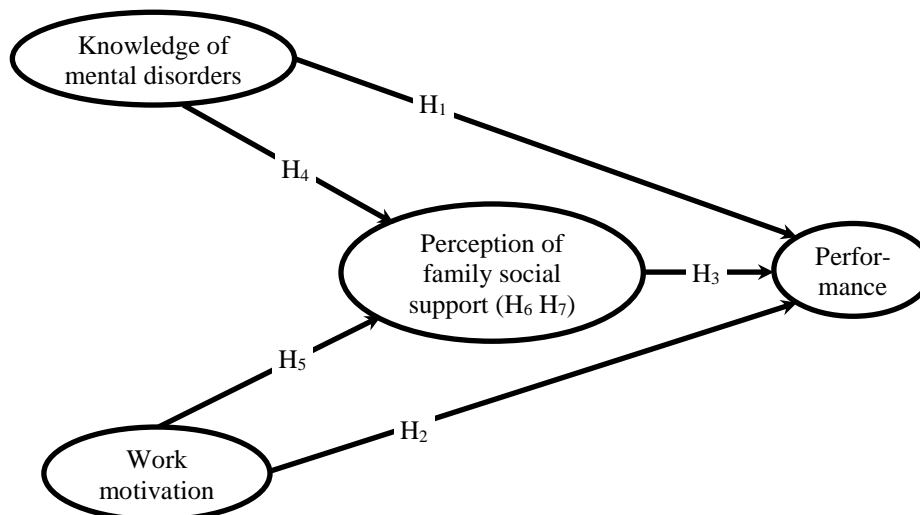


Figure 1
Hypothesis Model

RESEARCH METHODS

Design, location and research sample

This study analyzes the effect of mental disorders knowledge and work motivation on perceptions of family social support and its impact on MHCs performance. The study used a correlational research survey design. The study took 202 samples (49.8%) with a random sampling technique from 405 population of MHCs spread across 34 community health centers in Jombang Regency.

Instruments

The performance of the MHCs is the performance of the MHCs's duties, namely the MHCs's ability to contribute to the performance of the community health center and the community in dealing with PWMD. MHCs performance is measured with 52 points on a scale of 1 to 5 (strongly agree to strongly disagree). The scale tapped into parameters from the Cadre Manual (Keliat et al., 2019), namely the role of the MHCs in the task of early detection of mental disorders, mobilizing the community, home visits, case referrals, and documentation. Example items: I am trying to identify members of the community who are suspected of having a risk of psychosocial problems or mental disorders. The item validity coefficient is 0.339 to 0.631 and the reliability is $\alpha = 0.741$.

Knowledge of mental disorders is MHCs's knowledge of mental disorders and is measured by a test consisting of 5 questions. The test taps into parameters from the Cadre Manual (Keliat et al., 2019), namely, knowledge of the symptoms, causes and classification of mental disorders. Each question is given 4 alternative correct answers and 3 alternative wrong answers. Subjects were asked to choose 4 correct answers for each question. Choose 4 correct answers, score 4, choose 3 correct answers and 1 wrong answer score 3, choose 2 correct answers and 2 wrong answers score 2, choose 1 correct answer and 3 wrong answers score 1 and do not choose the answer score 0. Example item: Signs - a sign that people have mental disorders ... (1) Likes to insist on defending his own opinion; (2) Being sad for a long time; (3) Keep asking questions to pursue answers that match his expectations; (4) Not able to carry out daily activities (5) Lazy to do daily activities (6) Angry for reasons that are not clear; (7) Talk to yourself. The coefficient of the validity of the test items was 0.582 to 0.743 and the reliability was $\alpha = 0.787$.

Work motivation is a condition that generates, directs and maintains MHCs work behavior. Work motivation is measured by 8 points on a scale of 1 to 5 (strongly agree to strongly disagree) to tap Woodworth's parameters (cited Hasibuan, 2018), namely job rewards, work enthusiasm and work discipline. Example item: I feel it is an honor to be trusted by the community to carry out my duties as MHCs. The grain validity coefficient is 0.370 to 0.596 and the reliability is $\alpha = 0.722$.

The perception of social support for PWMD families is the MHCs's subjective evaluation of the support of PWMD families in carrying out their work roles. Perception is measured on a 10-point scale of 1 to 5 (strongly agree to strongly disagree) to tap the parameters of House (cited Smet, 2015), namely emotional support, reward support, instrumental support and informative support. Example item: PWMD family shows concern for my presence. The grain validity coefficient is 0.349 to 0.562 and the reliability is $\alpha = 0.716$.

RESEARCH RESULTS

Test of hypothesis 1

Constant = 94.485 is the performance score if there is no knowledge of mental disorders. $\beta = 3.306$ is the regression coefficient of mental disorder knowledge on performance and $\rho = 0.000$ ($p < 0.05$). The test results show that knowledge of mental disorders predicts performance. Knowledge of mental disorders significantly improves performance. The hypothesis which states, "There is an effect of knowledge of mental disorders on the performance of mental health cadres," is accepted.

Regression equation:

$$Y = \alpha + \beta X_1 Y - e$$

$$Y = 94.485 + 3.306 - 0.723$$

Test of hypothesis 2

Constant = 71.897 is the performance score if there is no work motivation. $\beta = 2.953$ is the regression coefficient of work motivation on performance and $\rho = 0.000$ ($p < 0.05$). The test results show that work motivation predicts performance. Work motivation significantly improves performance. The hypothesis which states, "There is an effect of work motivation on the performance of mental health cadres," is accepted.

Regression equation:

$$Y = \alpha + \beta X_2 Y - e$$

$$Y = 71.897 + 2.953 - 0.389$$

Test of hypothesis 3

Constant = 57,233 is the performance score if there is no perception of family social support. $\beta = 2.830$ is the regression coefficient for the perception of family social support on performance and $\rho = 0.000$ ($p < 0.05$). The test results show that the perception of family social support predicts performance. The perception of family social support significantly improves performance. The hypothesis which states, "There is an effect of perceived family social support on the performance of mental health cadres," is accepted.

Regression equation:

$$Y = \alpha + \beta ZY - e$$

$$Y = 57.233 + 2.830 - 0.300$$

Test of hypothesis 4

Constant = 16.413 is the perceived score of family social support if there is no knowledge of mental disorders. $\beta = 0.952$ is the regression coefficient of mental disorder knowledge on the perception of family social support and $\rho = 0.000$ ($p < 0.05$). The test results show that knowledge of mental disorders predicts on the perception of family social support. Knowledge of mental disorders significantly improves the perception of family social support. The hypothesis which states, "There is an effect of knowledge of mental disorders on the perception of family social support," is accepted.

Regression equation:

$$Z = \alpha + \beta X_1 Z - e$$

$$Z = 16.413 + 0.952 - 0.451$$

Test of hypothesis 5

Constant = 13.806 is the perceived score of family social support if there is no work motivation. $\beta = 0.690$ is the regression coefficient of work motivation on the perception of family social support and $\rho = 0.000$ ($p < 0.05$). The test results showed that work motivation predicts the perception of family social support. Work motivation significantly increases the perception of family social support. The hypothesis which states, “There is an effect of work motivation on the perception of family social support,” is accepted.

Regression equation:

$$Z = \alpha + \beta X_2 Z - e$$

$$Z = 13.806 + 0.690 - 0.072$$

Test of hypothesis 6

There is an effect of knowledge of mental disorders on the perception of family social support.

$$\beta X_1 Z = 0.952$$

There is an effect of the perception of family social support on performance.

$$\beta ZY = 2.830$$

There is an effect of mental disorder knowledge on performance.

$$\beta X_1 Y = 3.306$$

$$\beta X_1 Y = 3.306 > \beta ZY = 2.830$$

Shows:

The influence of X_1 on Y is greater than the influence of Z on Y

Meaning:

The direct effect of mental disorder knowledge (X_1) on performance (Y) is greater than the indirect effect of X_1 on Y through Z

Conclusion:

Perceptions of family social support do not mediate the effect of mental disorder knowledge on performance.

Then:

The hypothesis which states:

There is an effect of knowledge of mental disorders through the perception of family social support on the performance of mental health cadres, it is rejected.

Test of hypothesis 7

There is an effect of work motivation on the perception of family social support.

$$\beta X_2 Z = 0.690$$

There is an effect of the perception of family social support on performance.

$$\beta ZY = 2.830$$

There is an effect of work motivation on performance.

$$\beta X_2 Y = 2.953$$

$$\beta X_2 Y = 2.953 > \beta ZY = 2.830$$

Shows:

The effect of X_2 on Y is greater than that of Z on Y

Meaning:

The direct effect of work motivation (X_2) on performance (Y) is greater than the indirect effect of X_2 on Y through Z

Conclusion:

Perceptions of family social support do not mediate the effect of work motivation on performance.

Then:

The hypothesis which states:

There is an effect of work motivation through the perception of family social support on the performance of mental health cadres, it is rejected.

Table 1
Results of Regression Analysis

Correlation of variables		α	β	Std. Error	ρ
Independent variables	Dependent variables				
Knowledge of mental disorders	Performance	94,485	3,306	0,723	0,000*
	Perception of family social support	16,413	0,952	0,133	0,000*
Work Motivation	Performance	71,897	2,953	0,389	0,000*
	Perception of family social support	13,806	0,690	0,072	0,000*
Perception of family social support	Performance	57,233	2,830	0,300	0,000*

N = 202

* $p < 0,05$

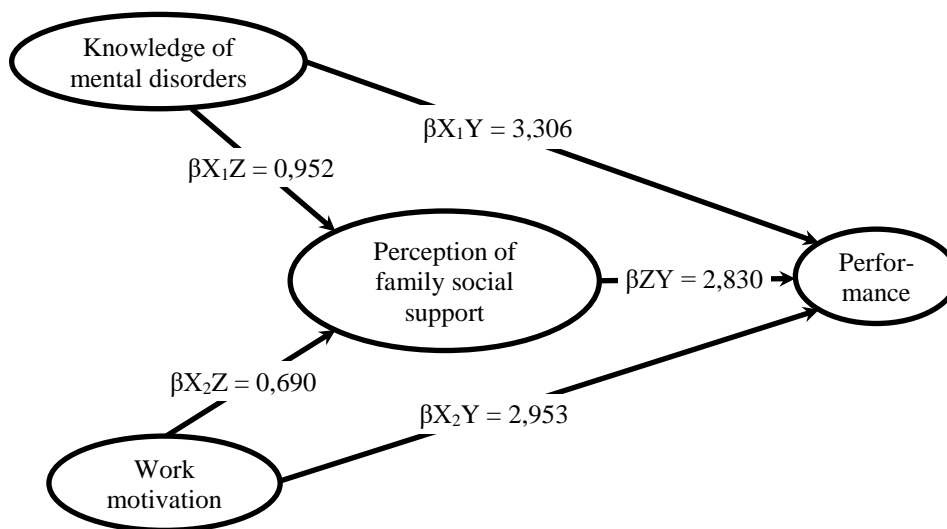


Figure 2
Final Result of Hypothesis Model Test

DISCUSSIONS

Knowledge about mental disorders has a very significant positive effect on performance. These findings can be interpreted that the higher the knowledge about mental disorders, the MHCs will show high performance. Based on these findings, to improve performance, the MHCs needs to be given courses to increase knowledge about mental disorders. A well-informed MHCs will be able to identify every symptom of mental disorders experienced by community members. A good ability to identify mental disorders will make PWMD immediately receive treatment from the community health center based on information conveyed by MHCs to health workers. Increasing knowledge of mental disorders is one solution to improve the performance of the MHCs. Good knowledge will make MHCs have a good ability in early detection of symptoms of mental disorders experienced by residents of the community around where they live, to be more active in community mobilization activities, home visits, case referrals and documentation.

The research findings show that work motivation has a positive and very significant effect on performance. The higher the motivation, the better the performance level will be followed. MHCs work motivation is shown by appreciation for work. MHCs feels volunteering. Become a more meaningful person by becoming a volunteer volunteer, being happy with health workers from the community health center, feeling honored, being tireless in carrying out tasks and being disciplined on

time. Work motivation will make the MHCs more active in early detection activities, more active in community mobilization activities, home visits, case referrals and documentation.

The findings of the study indicate that MHCs who have a perception of support from PWMD families will experience an increase in performance. MHCs, which perceives that PWMD families provide emotional support, appreciation support, instrumental support and informative support, will demonstrate itself in carrying out early detection tasks, community mobilization, home visits, providing referrals and documenting, both in preparation, implementation and in reporting.

Knowledge of mental disorders is a predictor of perceived family social support. MHCs who have good knowledge about mental disorders will perceive the family of People with Mental Disorders (PWMD) as families who support their work. PWMD families will provide emotional support, reward support, instrumental support and information support to MHCs in carrying out work tasks in the community mental health sector. MHCs who has knowledge of mental disorders will develop the perception that PWMD families show concern and care for their presence, listen carefully to the difficulties they face in carrying out their duties, respect themselves, agree with their opinions, respect their work, help expedite their work duties, directly intervene to help when he sees that he is having trouble or having trouble doing something, gives him suggestions and provides the information he needs.

The findings of the study indicate that work motivation will positively and significantly increase the MHCs perception of the social support of PWMD families. MHCs that has an appreciation for work as a cadre of souls, feels passionate about work and is disciplined at work will develop the perception that PWMD families will provide emotional support, reward support, instrumental support and informative support.

Knowledge of mental disorders has a very significant positive effect on performance and perceptions of family social support. Perceptions of family support also have a positive and very significant effect on performance, but perceptions of family social support do not mediate the effect of knowledge of mental disorders on performance. This is because the direct influence of knowledge of mental disorders on performance is greater than the effect of perceptions of family social support on performance. It can be interpreted that to improve the performance of the MHCs, a good knowledge of mental disorders is sufficient.

Work motivation has a very significant positive effect on performance and perceptions of family social support. Perceptions of family support also have a positive and very significant effect on performance, but perceptions of family social support do not mediate the effect of work motivation on performance. This is because the direct effect of work motivation on performance is greater than the effect of perceived family social support on performance. It can be interpreted that to improve the performance of the MHCs, work motivation is sufficient. This does not mean that the perception of family support is not needed in the performance of the MHCs. Obtaining social support from PWMD families apart from being a part of MHCs work, is also proven to improve performance.

CONCLUSION

Knowledge of mental disorders, work motivation and perceptions of family support are predictors of MHCs performance. Knowledge of mental disorders is the best predictor of MHCs performance. Knowledge of mental disorders and work motivation are predictors of perceived family social support. Knowledge of mental disorders is a better predictor of motivation to predict MHCs performance. The higher the knowledge about mental disorders, work motivation, and perceptions of family support, the MHCs will show high performance.

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CONFLICT OF INTEREST

There were no conflicts of interest before, during and after this research was completed.

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