



ABSTRAK

Latar belakang: Hasil Riskesdas 2013 mendapatkan data bahwa angka gangguan jiwa berat di Yogyakarta, yaitu 2,7 per mil, melebihi angka nasional, yaitu 1,5 per mil. Riskesdas 2018, angka gangguan jiwa berat di Yogyakarta mengalami kenaikan, yaitu 3,5 per mil, melebihi angka nasional, yaitu 1,8 per mil. Tahap *recovery* merupakan periode risiko bunuh diri yang relatif tinggi pada pasien skizofrenia. Penelitian *recovery* pada pasien gangguan jiwa di luar negeri sudah banyak dilakukan, tetapi belum ada penelitian yang mengeksplorasi secara spesifik tentang *recovery* pasien skizofrenia di komunitas. Penelitian di Indonesia juga belum banyak dilakukan, sehingga perlu dilakukan penelitian eksplorasi *recovery* terutama pada pasien skizofrenia di komunitas.

Tujuan penelitian: Tujuan penelitian ini adalah untuk mengembangkan teori tentang proses *recovery* pada pasien skizofrenia di komunitas.

Metode penelitian: Desain penelitian kualitatif *grounded theory*. Jumlah sampel 56 partisipan terdiri dari 11 pasien skizofrenia, 11 anggota keluarga, 20 tenaga profesional dan 14 tokoh masyarakat. Cara pengambilan sampel *purposive sampling* dilanjutkan dengan *theoretical sampling*. Alat pengumpulan data menggunakan pedoman wawancara, *field note*, dan lembar observasi. Analisis data menggunakan *open coding*, *axial coding* dan *selective coding*.

Hasil penelitian: Penelitian ini menghasilkan dua teori, teori yang pertama adalah teori tentang cara pasien melalui proses *recovery* yang disebut teori berjuang untuk *recovery* di komunitas. Proses dalam berjuang untuk *recovery* terdiri dari empat kategori, yaitu: memahami, terpicu, bertindak, dan evaluasi. Teori yang kedua adalah proses dalam mengelola proses *recovery* yang disebut Teori mengelola proses *recovery* pasien di komunitas. Teori ini memiliki empat kategori, yaitu: tingkat keterlibatan, tingkat tanggung jawab, dukungan, dan analisis hasil.

Kesimpulan: Pasien skizofrenia di komunitas harus mengikuti siklus yang terdiri dari empat kategori dalam proses mencapai *recovery*. Proses mencapai *recovery* melibatkan pasien dan orang lain (keluarga, tokoh masyarakat, staf profesional). Cara pasien mengikuti proses dan cara yang lain membantu dalam mengelola proses *recovery* akan berkontribusi untuk mencapai *recovery*.

Kata kunci: proses, *recovery*, skizofrenia, komunitas, *grounded theory*



ABSTRACT

Background: *The Basic Health Research (Riskesdas) in 2013 revealed that the prevalence of serious mental disorders in Indonesia amounted to 1.7 per 1.000 people, exceeds the national figure, which is 1.5 per 1.000 people. Riskesdas 2018 showed the number of serious mental disorders in Yogyakarta has increased, which is 3.5 per 1.000 people, exceeding the national figure, which is 1.8 per 1.000 people. The recovery phase is a relatively high period of suicide risk in schizophrenic patients. Many recovery studies in psychiatric patients abroad have been carried out, but no studies have explored specifically about the recovery of schizophrenic patients in the community. There has not been much research in Indonesia, so exploration recovery studies are needed, especially in schizophrenic patients in the community.*

Aim: *The aim of this study was to develop a theory about recovery processes of schizophrenic patients in the community.*

Methods: *This study was designed as a qualitative grounded theory. The total sample was 56 participants consisted of 11 schizophrenic patients, 11 family members, 20 professional staffs (consisted of health professional and social worker) and 14 community leaders. Two sampling methods were used namely purposive sampling and theoretical sampling. Interviews, field notes and observation sheets were used to collect data. Open code, axial code, and selective code were applying in data analysis.*

Results: *This research produced two theories, the first theory was called 'the theory of struggling for recovery in community'. This theory was a cycle in how patients in community went through their recovery process. The process of struggling for recovery consisted of four categories, namely: understanding, triggering, acting, and evaluating. The second theory was the process of managing the recovery process called the theory of managing for patient recovery in community. This theory also a cycle and it has four categories, namely: leveling of involvement, leveling of responsibility, supporting, and analyzing result.*

Conclusion: *Schizophrenic patients in community have to follow a cycle which consisted of four category in the process of recovery. The process of recovery involved both patients and other parties (family, community leader, professional staff). How the patient follow the process and how other parties assisted in managing the patient recovery process will contribute to the success of recovery.*

Keywords: *process, recovery, schizophrenia, community, grounded theory*