(t) 12346_Sovitriana_2020_E_R-1 (1)

by D C

Submission date: 24-Dec-2020 01:38AM (UTC-0500)
Submission ID: 1481039660
File name: 12346_Sovitriana_2020_E_R-1_1.pdf (225.77K)
Word count: 3723
Character count: 21643

International Journal of Innovation, Creativity and Change. www.ijicc.net
Volume 12, Issue 3, 2020

Quality of Life for Inpatients with Schizophrenia undergoing Psychosocial Rehabilitation in Jakarta Islamic Mental Hospital

Rilla Sovitriana[a*], Dwi Sihono Raharjo[b], Agus Joko Santosa[c], Disya Siti Nurdilah[d], [a,b,c,d]Universitas Persada Indonesia Y.A.I. Jakarta. Indonesia, Email: [a*]rilla.sovitriana@gmail.com, [d]disyasn@gmail.com,

This study aims to Determine the Correlation between strategy and social support, coping with life quality, in psychosocial rehabilitation Mental Hospital Islam Jakarta. This research uses a quantitative research method. The sample in this study consisted of 33 schizophrenia patients in psychosocial rehabilitation Mental Hospital Islam Jakarta. A saturated sampling technique is being used as a sampling technique in this research. The method of data collection uses three scales, that is coping strategy, social support, quality of life using a Likert scale. Based on the results of the analysis, the research shows that there is a positive relationship between coping strategy and life quality of 0.67 and there is a positive relationship between social support and life quality with F calculation of 2.7 and F table of 0.7. Furthermore, the results of the data analysis, regression dummy using SPSS 22.0 for Windows obtained a correlation coefficient R = .0814. It indicates that there is a relationship between coping strategy and social support with life quality in psychosocial rehabilitation Psychiatric Hospital Jakarta.

Key words: *Coping Strategy, Social Support, Quality of Life.*

Introduction

Schizophrenia is a mental disorder that involves almost all the psychological aspects, and functional psychotic disorders that do not have the physical characteristics to be observed. Characteristic symptoms of schizophrenia can be classified into two groups: positive symptoms and negative symptoms. Positive symptoms are signs of excessive activity, which usually do not exist in most people, but in individuals with schizophrenia it appears. Delusions and hallucinations are part of the positive symptoms. Negative symptoms are symptoms of the

deficit, the behaviour is supposed to be that of a normal person, but it was not raised by the effect of schizophrenia, such as avolition (declining interest and encouragement), reduced desire to talk, flat effect, as well as the disruption of social relationships.

Hacyl WHO analysis says approximately 450 million people suffer from mental disorders, including schizophrenia. Schizophrenia is the most predominant mental disorder of all the psychiatric disorders. A third of people with mental disorders are living in developing countries; eight out of ten people suffering from schizophrenia are without medical attention. Symptoms of schizophrenia appear at the age of 15-25 years and are more common in males than in females (Ashturkar, Dixit, & Kulkarni, 2015).

Outcome research and Courtney Browne in (Fiona, 2013) state that a healthy environment and support as expected by schizophrenics helps them feel a sense of belonging and a sense of safety to the environment. They can also establish and maintain meaningful relationships and a mutually supportive environment where they can contribute. A sense of belonging is what helps them develop social mutual support, which can ultimately improve the quality of life for people with schizophrenia, decrease the appearance of symptoms, and decrease the chances of being returned to the hospital.

Different problems – either physical, psychological and social experience – will affect the quality of life of patients with schizophrenia. In general, quality of life is good or bad that is felt in the daily lives of individuals, namely the assessment of their wellbeing or lack thereof. Quality of life is a subjective perception of the individual against the physical, psychological, social and the environment in everyday life experienced. Schipper in (Urifah, Dwicahyono, & Yulliastuti, 2017) suggests the quality of life as functional abilities due to disease and treatment provided by the views or feelings of the patient. Thus the quality of life can be understood as the level of satisfaction with life and wellbeing, as well as how well the client with schizophrenia is socially functioning.

(Gee, 2003) stated constraints affecting the quality of life of people with schizophrenia are obstacles in the interpersonal relationship because of discrimination and social stigma, lack of behavioural control, loss of employment, financial constraints/ economics, side effects and attitudes to treatment, psychological response to schizophrenia – which is worrying and feeling useless – as well as concerns about their future. One factor that most supports is to help people with schizophrenia to use appropriate coping strategies.

Coping strategy is defined as a specific process and is accompanied by an effort to change the domain of cognitive or behaviour constantly to regulate and control the demands and pressures both external and internal that are expected to be burdensome and beyond the capabilities and robustness of the individual concerned (Lazarus & Folkman, 1987). Cohen and Lazarus

(Folkman, 2013) add that the purpose of coping is to reduce the environmental painful conditions, adjust to events or a negative reality, retain emotions, maintain a positive self-image, and to continue satisfying relationships with others.

Klein schizophrenia also includes social beings: coping strategies used by people with schizophrenia will be strongly influenced by the surrounding social support. Social support is defined as pleasure, relief, received by a person through formal and informal relationships with other groups. According to Weiss in (Fiona, 2013), social support is the interpersonal relationships that can help a person in times of stress adaptation and spare him from loneliness. Social support can be considered as something beneficial to the individual circumstances that obtained from other people who can be trusted. Social support may include information, a real relief, a feeling of closeness with others, recognition capabilities, as well as the feeling that other people depend on it. Social support can be obtained from family, friends, and the surrounding environment.

Interviews that have been done provide information that most patients in the psychosocial rehabilitation Mental Hospital Islam stopped continuing education and their job. This is because patients have hallucinations that cause disruption while doing activities. Before the rehabilitation of patients, who also experienced decreased physical health such as disruption of sleep patterns, it is difficult to perform maintenance themselves appropriately and they feel underpowered in an activity that causes a decreased quality of life. Some rehab patients who had investigator interviews said that after attending rehab and always getting the support of people closest to them, they began to fight the hallucinations, their condition gradually improved and they began to do the activity slowly described above. The writer was interested to do research, especially about the quality of life in terms of coping strategies and social support, and especially in patients with schizophrenia who are doing rehabilitation for a time and will come back again into the surrounding environment.

The problems for this research are: (1) Is there a relationship between coping strategies and quality of life of patients with schizophrenia in the psychosocial rehabilitation Islamic RSJ Klender? (2) Is there is a relationship between social support and quality of life of patients with schizophrenia in the psychosocial rehabilitation Islamic RSJ Klender? (3) Is there a relationship between coping strategies and social support and quality of life of patients with schizophrenia in psychosocial rehabilitation RSJ Jakarta? Referring to the formulation of the problem, the purpose of this study was to find out the relationship of coping strategies and social support and quality of life of patients with schizophrenia in Jakarta RSJ Psychosocial Rehabilitation (Marbán & Mulenga, 2019).

Quality of Life

According to Cohan & Lazarus in (Handini, Maruddani, & Safitri, 2019), quality of life is that which describes the ability of someone as judged from their lived life. Individual excellence is usually seen in the purpose of life, personal control, interpersonal relationships, personal growth, intellectual and financial condition. Quality of life is defined as the individual's perception for sustainable functionality as individuals in the fields of life, more specifically the individual assessment of the position in the life and value systems in which they live relating to goals, expectations, as well as individual attention, Fayers & Machin in (Kreitler, Ben-Arush, & Martin, 2012). Quality of life has different meanings, but in the field of health and prevention of disease activity, quality of life generally has the same meanings. To toggle describe health conditions Wilson, et al in (Dimsdale, 2008).

According to Raphael, Brown & Renwick in (House, Spangler, & Woycke, 1991), there are three aspects of being, belonging and becoming; in each domain there are three sub-domains so that there are nine sub-domains, namely: (1) being, a most basic aspect showing the actual person as an individual. Being is divided into three main parts, namely the Physical Being, Psychological Being, and Spiritual Being. (2). Belonging, an aspect that shows the relatability of the individual to the surrounding environmental conditions. Physical aspects of belonging consist of belonging, social belonging and community belonging. (3) Becoming, the activity by individuals to achieve expectations, aspirations, and ideals. Becoming is divided into three aspects, namely Practical becoming, Leisure becoming, and Growth becoming.

According to Raeburn and Rootman in (Abad et al., 2017), factors that affect the quality of life are control, potential opportunities, resources, support systems, skills, things in life, political changes and environmental changes.

Coping Strategies

Each individual of all ages can experience stress and will use a variety of ways to relieve the stress being experienced (Chia & Holt, 2006). Physical tension and emotional stress can cause mental discomfort. This inconvenience motivates an individual be to do something to reduce or eliminate stress. The work done by the individual is called coping. According to Sarafino in (Monteiro, Ogoshi, Maindra, & Becker, 2019), coping is a process by which individuals try to manage a conflict between demands and resources that exists in situations that can cause stress. Adjusting the de nation shows that efforts to tackle the problem are varied and do not always lead to solving the problem.

Accordingly, (Lazarus & Folkman, 1987) generally distinguish coping strategies into two classifications, namely, problem-focussed coping and emotion focussed coping. **a.** Problem-

focussed coping (coping focussing on the problem) is used to control the things that happen between people with the environment through problem-solving, decision making, and direct action. Problem-focussed coping can also be in the form of making an action plan, implementing and maintaining it to get the desired results. In addressing the problem, individuals who use problem-focussed coping would think logically and try to solve the problem positively. Classification of forms of behaviour-oriented problem-focussed coping, are namely: (1) Confrontative coping (solving confrontation) (2) Plan full problem solving (problem-solving unplanned) (3) Seeking social support (seeking help from others). **b**. Emotion-focussed coping (coping focused on emotions) is a strategy to defuse the emotions of individuals posed by the stressor or stressors without trying to change a situation that becomes a source of stress directly. Emotion-focussed coping can be said also as an effort to reduce or regulate the emotional discomfort associated with or caused by a situation. Classification form coping behaviours oriented emotion-focussed coping, namely: 1) distancing (away), 2) Self-controlling (control self), 3) Escape-Avoidance (escape), Accepting Responsibility (accepting responsibility), Positive reappraisal (positive assessment).

Social Support

Gottlieb (Smet, 2012) defines social support as information of verbal and non-verbal advice; real help provided by individuals who are familiar with the subject or in the form of presence and the things that can provide emotional benefit or effect on the behaviour of the recipient, While Rock (Smet, 2012) defines social support as one of the functions of social relationships that define the extent of the general quality of interpersonal relationships, thus protecting individuals from the consequences of stress. Social support received by individuals can make people feel at ease, feel cared for, raise the confidence and competence of individuals. According to House (Smet, 2012) distinguishes four dimensions of social support: 1) emotional support, 2) awards support, 3) instrumental support, 4 informative) support.

Research Methods

operational efinisi Quality of life is the individual's perception of themselves, where they live a life associated with hope, the purpose of life, covering all aspects of emotional, physical and social life. Quality of life was measured based on aspects according to (I. Brown, Renwick, & Raphael, 1995) that include physical being, psychological being, spiritual being: belonging covering *psychological belonging*, social belonging, community belonging; and becoming, covering practical becoming, leisure becoming, growth becoming.

Coping strategy is an attempt or an attempt by individuals to confront, manage and resolve the situation, demands, threats or issues being addressed. Coping strategies were measured by the types according to (Lazarus & Folkman, 1987), namely, problem-focussed coping consists of

confrontative coping, plain full problem solving, seeking social support and emotion focussed coping consists of a distancing, self-controlling, escape-avoidance, accepting responsibility and positive reappraisal.

Social size is a support that is handy when the individual is experiencing problems or difficulties, either in the form of information and real assistance, to make people feel cared for, appreciated and loved. Social support can be obtained from your friends, family or the people closest around us. Social support was measured by the types According to House (Smet, 2012), that is emotional support, esteem support, instrumental support, and informative support.

Collection methods used in this study is the Likert scale. The scale used in this study uses a scale of quality of life, coping strategies and social support. The total population is all patients with schizophrenia in rehabilitation RSJ Jakarta, as many as 33 to 30 inmates sampled data social Panti Laras Cengkareng.

Results and Discussion

Results of the study to test the variable eta between coping strategies and quality of life. Eta before performing the test, the score of the category of problem-focussed coping and emotion-focussed coping is converted into a score strander (z-score). After each category already has a z-score, performed test which will earn η eta = 0.284. η value is used to determine the value of the Farithmeticand Fable.Dith using the formula, the value of Farithmetic2.7 and the value of Ftable 0.7with R Square .663 and positive correlation direction. These results indicate that the value of Farithmeticl more than the value Ftableyang indication that the null hypothesis first second (H01) which states; "There was no relationship of coping strategies and quality of life of patients with schizophrenia in Psychosocial Rehabilitation Mental Hospital Islam Jakarta" was rejected and the alternative hypothesis first (Ha1) that says; "There are positive relationship coping strategies and quality of life Psychosocial Rehabilitation schizophrenic patients at the Mental Hospital Islam Jakarta" acceptable.

Dari results of the study to test the hypothesis bivariate between social support and quality of life obtained a correlation coefficient of 0.810 with p = 0.000 (p <0.005). It states that the second null hypothesis (Ho2) which reads "There is a relationship of social support and quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta" rejected. And the second alternative hypothesis (Ha2) that says "There is a positive relationship between social support and quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta" acceptable.

From results of the study to test the hypothesis regression dummy to analyse the relationship of coping strategies and social support and quality of life through methods dummy, obtained

by the R-value of 0.814 and R square of 0.663 which indicates that the null hypothesis third (Ho3) stating "There was no relationship strategy coping and social support and quality of life of patients with schizophrenia in Psychosocial Rehabilitation Mental Hospital Islam Jakarta "was rejected and the alternative hypothesis third (HA3) that says; "There is a positive relationship strategy coping strategies and social support and quality of life of patients with schizophrenia in Psychosocial Rehabilitation Mental Hospital Islam Jakarta" acceptable.

First data analysis with the calculation method eta test, the correlation coefficient of 0.67 with R square 0:05. This suggests a positive direction in the relationship between coping strategies and quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta. The results are consistent with the results of previous studies conducted by Urifah Rubbyana (2012) concluding that there is a positive relationship between coping strategies and quality of life of patient testing research data conducted by using the Test Eta, bivariate correlation and regression Dummy with SPSS 22.0 for Windows, Schizophrenia. Thus, the higher coping strategies show the higher quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta (S. Brown, 2018).

The results showed social support for the quality of life of schizophrenia patients by using bivariate correlation obtained correlation R of 0.810. This shows that there is a positive relationship between social support and quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta. The results are consistent with the results of previous studies conducted by (Rusdiana, Savira, & Amelia, 2018) that show there is a significant positive relationship between social support and quality of life. Thus, the relationship between these two variables means that the higher the social support that was afforded to the patient, the higher the quality of life of patients with schizophrenia, and vice versa (Alamsyah, Paryasto, Putra, & Himmawan, 2016).

Furthermore, the results of the third analysis using the dummy regression method were obtained for R = 0.814 and R^2 = 0.663. It proves there is a relationship between coping strategies and social support quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta.

Conclusion

The results obtained from the analysis of data show it can be concluded that there is a positive relationship between coping strategies and quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta: a positive relationship between social support and quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta: and there is a positive relationship between coping

strategies and social support and quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta.

REFERENCES

Abad, A., Victoria Fernández-Molina, J., Bikandi, J., Ramírez, A., Margareto, J., Sendino, J., … Willem, H. (2017). Molecular cloning and transcriptional regulation of the Aspergillus nidulans xlnD gene encoding a beta-xylosidase. Annual Review of Phytopathology. https://doi.org/10.1016/j.cell.2016.12.020

Alamsyah, A., Paryasto, M., Putra, F. J., & Himmawan, R. (2016). Network text analysis to summarize online conversations for marketing intelligence efforts in telecommunication industry. In 2016 4th International Conference on Information and Communication Technology, ICoICT 2016. https://doi.org/10.1109/ICoICT.2016.7571889

Ashturkar, M. D., Dixit, J. V., & Kulkarni, A. P. (2015). Study of psycho-social aspects of schizophrenia at tertiary care hospital in Maharashtra. Indian Journal of Public Health Research and Development. https://doi.org/10.5958/0976-5506.2015.00088.1

Brown, I., Renwick, R., & Raphael, D. (1995). Frailty: Constructing a common meaning, definition, and conceptual framework. International Journal of Rehabilitation Research. https://doi.org/10.1097/00004356-199506000-00001

Brown, S. (2018). Strategic Operations Management. Strategic Operations Management. https://doi.org/10.4324/9781315123370

Chia, R., & Holt, R. (2006). Strategy as practical coping: A heideggerian perspective. Organization Studies. https://doi.org/10.1177/0170840606064102

Dimsdale, J. E. (2008). Psychological Stress and Cardiovascular Disease. Journal of the American College of Cardiology. https://doi.org/10.1016/j.jacc.2007.12.024

Fiona, K. (2013). Pengaruh dukungan sosial terhadap kualitas hidup penderita skizofrenia. Jurnal Psikologi Kepribadian Dan Sosial.

Folkman, S. (2013). Stress: Appraisal and Coping. In Encyclopedia of Behavioral Medicine. https://doi.org/10.1007/978-1-4419-1005-9_215

Gee, J. P. (2003). What video games have to teach us about learning and literacy. Computers in Entertainment. https://doi.org/10.1145/950566.950595

Handini, J. A., Maruddani, D. A. I., & Safitri, D. (2019). Frank copula on value at risk (VaR) of the construction of bivariate portfolio (Case Study: Stocks of companies awarded with the IDX top ten blue with stock period of 20 october 2014 to 28 february 2018). In Journal of Physics: Conference Series. https://doi.org/10.1088/1742-6596/1217/1/012078

House, R. J., Spangler, W. D., & Woycke, J. (1991). Personality and Charisma in the U.S. Presidency: A Psychological Theory of Leader Effectiveness. Administrative Science Quarterly. https://doi.org/10.2307/2393201

Kreitler, S., Ben-Arush, M. W., & Martin, A. (2012). Pediatric Psycho-Oncology: Psychosocial Aspects and Clinical Interventions: Second Edition. Pediatric Psycho-Oncology: Psychosocial Aspects and Clinical Interventions: Second Edition. https://doi.org/10.1002/9781119941033

Lazarus, R. S., & Folkman, S. (1987). Transactional theory and research on emotions and coping. European Journal of Personality. https://doi.org/10.1002/per.2410010304

Marbán, J. M., & Mulenga, E. M. (2019). Pre-service Primary Teachers' Teaching Styles and Attitudes towards the Use of Technology in Mathematics Classrooms. *International Electronic Journal of Mathematics Education, 14*(2), 253-263. https://doi.org/10.29333/iejme/5649

Monteiro, F. P., Ogoshi, C., Maindra, L. C., & Becker, W. F. (2019). Culture Medium Based on Tomato Leaves for Abundant Production of Conidia from Septoria lycopersici. Asian Journal of Agricultural and Horticultural Research. https://doi.org/10.9734/ajahr/2019/46015

Rusdiana, Savira, M., & Amelia, R. (2018). The effect of diabetes self-management education on Hba1c level and fasting blood sugar in type 2 diabetes mellitus patients in primary health care in binjai city of north Sumatera, Indonesia. Open Access Macedonian Journal of Medical Sciences. https://doi.org/10.3889/oamjms.2018.169

Smet, B. (2012). Psikologi kesehatan. Journal of Public Health. https://doi.org/10.2307/1175067

Urifah, D., Dwicahyono, H. B., & Yulliastuti, R. (2017). Adsorpsi Logam Timbal (Pb) Oleh Tanaman Hydrilla (Hydrilla verticillata). Jurnal Riset Teknologi Industri. https://doi.org/10.26578/jrti.v11i2.3043.

(t) 12346_Sovitriana_2020_E_R-1 (1)

ORIGINALITY REPORT

25%	19%	12%	8%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	ww.ijicc.net Internet Source	9%
2	Submitted to Institut Pemerintahan Dalam Negeri Student Paper	4%
3	Sumarno Adi Subrata. "The nursing outlook of the self- and family management support programs among Indonesian with diabetes: An umbrella review", Diabetes & Metabolic Syndrome: Clinical Research & Reviews, 2021 Publication	3%
4	"The Wiley Encyclopedia of Health Psychology", Wiley, 2020 Publication	1%
5	Winda Liftiana Sari, Fuadah Fakhruddiana. "Internal locus of control, social support and academic procrastination among students in completing the thesis", International Journal of Evaluation and Research in Education (IJERE), 2019 Publication	1%

6	Submitted to UIN Syarif Hidayatullah Jakarta Student Paper	1%
7	Peter Bede, Dominic Ó Brannagáin, Stefan Lorenzl, David J. Oliver, Orla Hardiman. "Chapter 13 Symptomatic Management and Palliative Care in Neurodegenerative Disease", Springer Science and Business Media LLC, 2011 Publication	1%
8	Submitted to University of Bradford Student Paper	1%
9	scholar.unand.ac.id Internet Source	1%
10	www.neliti.com Internet Source	<1%
11	www.researchgate.net Internet Source	<1%
12	Submitted to City University Student Paper	<1%
13	Submitted to Universitas Brawijaya Student Paper	<1%
14	Submitted to Bath Spa University College Student Paper	<1%
15	journal.unair.ac.id	

	Internet Source	<1%
16	www.childtrafficking.com Internet Source	<1%
17	www.healio.com Internet Source	<1%
18	www.gssrr.org Internet Source	<1%
19	Michael W. Eysenck. "Chapter 17 Individual Differences in Anxiety, Cognition and Coping", Springer Science and Business Media LLC, 1986 Publication	<1%
20	link.springer.com Internet Source	<1%

Exclude quotes	Off	Exclude matches	Off
Exclude bibliography	On		