

Coping Resources and Coping Mechanism of Client with Mental Disorder after Hospitalization: Phenomenology Study

Suyamto¹, Widyo Subagyo², Dyah Wahyuningsih², Mukhadiono²

¹Department of Mental Health Nursing; College of Health Sciences Notokusumo Yogyakarta, Indonesia

²Department of Nursing, Yogyakarta Health Polytechnic, Indonesia

Corresponding address: ppk_yamto @ yahoo.com

Abstract – Background: Relapse client with mental disorder still increased because of self disabled to manage stress resulted in undisciplined use of medicine, disabled to manage of conflict with family and society environment. Stress management consist of client ability to use coping resources that is influence of coping mechanism. **Methods:** This study used qualitative phenomenology research design. Research aimed to describe coping resources and coping mechanism of client with mental disorder after hospitalization. The collecting data was with in-depth interview to 10 participants and families. **Results:** This research showed that coping resources were family, society environment and positive believe. **Conclusions:** Coping mechanism that used were sharing with others, do activity and blame others.

Keywords- Coping resources, coping mechanism, client with mental disorder, hospitalization.

I. INTRODUCTION

Mental disorders are still a serious health problem in Indonesia. Based on the results of the Basic Health Research (Riskesdas) in 2007 there were 0.46 percent of the total population of Indonesia, equivalent to 1,093,150 inhabitants of Indonesia at high risk of experiencing Schizophrenia. The lifetime prevalence of schizophrenia in the world varies from 4 permil to 1.4 percent [1]

Recurrence in Schizophrenia is experienced 60-70% in clients who do not receive medication therapy, 40% who only receive medication therapy, 15.7% who get a combination of medication therapy, psychotherapy, family and community support [2]. This high relapse is caused by, among others, the inability to cope with stress, which results in irregular medication taking, unable to cope with conflict with the family or the environment [3]. Good understanding of stress management is expected to choose to use constructive coping mechanisms in dealing with stress. The inability of patients in managing stress results in recurrence of patients after hospitalization.

This is supported by data that more than 70% of mental patients treated in the mental ward of Banyumas Regional Hospital are recurrent patients. This research will be carried out in the Sokaraja II Puskesmas area, considering that the number of mental patients in 2011 was quite high, namely 53 people spread in 5 (five) villages, namely Jompo kulon, Lemberang, Karang Duren, Sokaraja Lor and Kedondong

villages. Most patients are in the productive age of 20-45 years and 50% are patients after hospital treatment.

From the description above the researchers to examine how the source of coping and coping mechanisms of mental disorders patients after hospital treatment.

II. METHOD

This study uses a qualitative research design, which is a way to study problems based on complex and holistic images, expressed in words, presented in the form of detailed information and placed in natural situations [4]. The approach used in this research is phenomenology, which is a scientific method to describe certain phenomena as life experiences.

The study population was all post-treatment mental illness patients in the Sokaraja II Community Health Center area which included the villages of Jompo Kulon, Lemberang, Karang Duren, Sokaraja Lor and Kedondong. Participants included in the study were 10 people. Data collection procedures were carried out using a phenomenological approach and using in-depth interviews (semi-structured interviews) with semi-structured questions in the data collection process. Ethics Test The research proposal was conducted by the Ethics Committee of the Kemenkes Semarang Health Polytechnic.

The process of data analysis in phenomenological qualitative research is done in several ways. This study uses the eight-step data interpretation method according to Collaizi [5].

III. RESULT

This study achieved data saturation achieved after interviews with the 10th participant. The results obtained are:

- The description of participant profile, namely:
- Terms of gender, there were more male participants than women, namely 6 (60%) men and 4 (40%) women.
- The age of the participants ranged from 20 to 50 years, most of them were in their 40s, which was 4 people (40%).
- The majority of participants have low education (elementary and junior high), as many as 8 people (80%), and only 2 people (20%) have secondary education.
- From the aspect of work, there are 7 people (70%) participants who work with a variety of types of work,

namely farm laborers, carpenters, construction workers and housewives. While the other 3 participants (30%) were unemployed.

- f. All participants had come home from the hospital long enough > 6 months ago. With details of 6-12 months 5 participants (50%) and > 12 months 5 participants (50%).
- g. The majority of participants' medical diagnoses were Schizophrenia (6 people) which included 4 paranoid Schizophrenia, 1 person Schizophrenia, 1 person Schizophrenia cathaton and 1 person Schizophrenia. Others depressed with 2 people and Skizotipal with 1 person.

Coping sources

Patient coping sources used in this resarch are families, communities dan positive beliefs.

- a. Theme 1 : family

“Kadhangan nggih gendhu-gendhu rasa kalih keluwargi” (sometimes I give all my attention for my family)(P2).

“Sing saged ngrewangi nggih mung keluargi. Lha sinten malih (only family who can help. No one else)(P7).

“Nek enten napa-napa sambate nggih kalih tiyang estri. ...” (If anything happens, I will ask my wife to help. ...)(P5).

- b. Theme 2 : Community

Nek tiyang estri pun mboten saguh paling teng Pak RT napa Pak Darsono. Keluargane kula pun mboten eman kalih kula. Ndean anu kula mboten gadhah napa-napa tur sagede grusuih” (if anything happens, I asked help from my wife...if my wife can't help, I will ask Mr. Darsono (pak RT). My family don't love me anymore. May be because I don't have anything and only bring problem)(P5).

- c. Theme 3: Positive beliefs

“Kula pun mboten napa-napa. Pun waras, mangane esih rosa, tileme nggih ngleder. Badhe diarani napa mawon nggih mrika. Nyatane kula waras kados niki. ... Sing penting kula pun mantun. ... Pokoke ampun ngasi nggur-ngguran. Debekto nyambet gawe men keslimur. ... Ibune lare teng prentah ken sadean bakso. Kula pengin niku, tapi modhale dereng enten” (I am fine. Healthy, I have appetite, I can sleep well. I don't think about what people say. The fact that I am healthy now. ... the most important thing is that I am recover. I must have something to do. I make myself busy. ... my wife asked me to sell meat ball. I want to but I don't have the money to start with)(P1)

Coping Mechanism

Based on the research result, it is depicted that coping mechanism is varied from 3 participants that is maladaptive and 7 participants that is adaptive.

- a. Theme 1: Blaming others

“Ramane sih kriyin mboten nuruti kula. Jan wadeh kalih ramane... Biasane nek seg puthek udad udud mawon. Nek mpun kesel digawa turu.” (My husband didn't give what I wanted. I hate him. Usually, if he gets stress, he will smoke. If tired, he'll go to sleep.

(P4)

“Nek emut kula sok-sokan lara ngati kalih laki kula. Jan tegel banget kalih kula. Gara-gara niku kula dados kaya niki. Dibelani embret teng luar negeri ngge ekonomi keluarga malah teng mriki menceng. Jan gemlethek banget. Pokoke tek supatani. ... Seniki sedoyo kula pasrahaken kalih gusti pangeran” (I remember that my husband hurt me. He didn't love me. Those are the reason why i act like this. I was working oversea to help the family economic problem but he was cheating on me. It makes me angry. I cursed him. ... now I give all my life to God's will.) (P10).

- b. Theme 2 : Sharing stories to others

“Nek pun mboten kiat nggih sagede nangis. Kadhangan nggih gendhu-gendhu rasa kalih keluwargi” (if I feel I can take it anymore usually I cry.... Sometimes I give my attention to my family (P2)

- c. Theme 3 : Doing activities

“Kula diarani wong gemblung nggih mbote napa-napa. Sing penting kula pun mantun. ... Pokoke ampun ngasi nggur-ngguran. Debekto nyambet gawe men keslimur. ... Ibune lare teng prentah ken sadean bakso. Kula pengin niku, tapi modhale dereng enten” (I don't care if people say that I am crazy. The important thing is that I am recover. ... I must have something to do. I'm fine. Healthy, I have appetite, I can sleep well. I don't think about what people say. The fact that I am healthy now. ... the most important thing is that I am recover. I must have something to do. I make myself busy. ... my wife asked me to sell meat ball. I want to but I don't have the money to start with. (P1).

IV. DISCUSSION

Coping sources are sources that can be used in dealing with stressors. Many participants who use the family as a source of coping are strong indications that family factors are the most important source of coping for participants. A conducive environment can support participants to have positive coping in dealing with stressors. Positive belief is the ability of clients to see a stressor with positive belief. This is in accordance with the results of Syafwani's research [6] with the title "Relationship of family participation to the level of recurrence of schizophrenic clients in RSJD Much Ansyari Saleh Banjarmasin" which shows that there is a relationship between family participation towards the recurrence rate of schizophrenic patients.

Participants of this study conducted various ways as a coping mechanism that is blaming others, doing activities and telling stories to others. According to research A.Jalil, BA. Keliat & H.Pujasari [7], stated that the clients who were treated at the mental hospital Prof. Dr. Soeroyo Magelang experienced 92% of bad insights (312 people. Poor condition of insight affected the ability to recognize the pain suffered, needed treatment and looked at the environment. Stuart and Sundeen [8] stated that the adaptive coping mechanism is a coping mechanism that supports the function of integration, growth, learning and achieve goals The categories are talking to others, solving problems effectively, relaxation techniques, balanced exercise and constructive activities, while maladaptive coping mechanisms are coping mechanisms that inhibit the function of integration, break down growth, decrease autonomy and tend to dominate the environment. there are two types of adaptive coping mechanisms, namely activities and telling stories to others and one maladaptive coping mechanism in the form of blaming others.

V. CONCLUSION

The source of coping that is most used by patients in dealing with stressors is the family while the other is using the environment and positive beliefs. Coping mechanisms used by patients after hospital treatment include two types of adaptive coping mechanisms such as telling stories to others and activities and maladaptive coping mechanisms in the form of blaming others.

From the conclusion of this study the researcher delivered several suggestions, namely:

1. The need to increase social support for post-treatment mental patients by increasing family participation in patient care.
2. A conducive environment for post-treatment mental patients needs to be created by providing space for post-treatment mental patients to work or work according to their abilities.

REFERENCES

- [1] Balitbangkes Kemenkes (2013), Riset Kesehatan Dasar (Riskesdas).
- [2] Stuart, G.W., dan Laraia (2006). Principles and Practice of Psyhiatric Nursing. (7th ed). St. Louis : Mosby Year.
- [3] Astuti, D. (2010).Peran Keluarga dalam mencegah kekambuhan penderita gangguan jiwa dirumah, www.docstoc.com, diunduh 16 Februari 2012
- [4] Creswell, J.W. (1998). Qualitative inquiry and research design: Choosing among five tradition. United States of America (USA): Sage Publication Inc.
- [5] Speziale, H.J.S., & Carpenter, D.R. (2003). Qualitative research in nursing: Advancing the humanitic imperative. (3rd ed.). Philadelphia: Lippincott Williams & Wilkins
- [6] Syafwani.(2005).Hubungan peran serta keluarga terhadap tingkat kekambuhan klien skizofrenia di RSJD Much AnsyariSaleh Banjarmasin.Thesis,Jakarta:FIK UI
- [7] A.Jalil , BA.Keliat & H. Pujasari,.(2015) .Insight dan Efikasi Diri Pada Klien Skizoprenia Yang Mendapatkan Terapi Penerimaan dan Komitemen dan Program Edukasi Pasien di RSJ,
- [8] Stuart and Sundeen. 1995. Buku Keperawatan (Alih Bahasa) Achir Yani S. Hamid. Edisi 3. Jakarta : EGC.