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AN OVERVIEW OF FAMILY COPING MECHANISM IN CARING FOR PATIENTS WITH MENTAL DISORDERS IN THE AREA OF UPT PUSKESMAS TIKUNG LAMONGAN

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Research Report

ABSTRACT

Introduction: *Family coping mechanism is a family response in dealing with a problem. Each family has different coping mechanisms according to the family's ability to solve problems. Problems with mental disorders cause crises and pressure for caring families, family members who experience mental disorders so that they can affect family coping mechanisms. This study aims to describe the mechanism of family coping in caring for patients with mental disorders in the UPT Puskesmas Tikung Lamongan area.* ***Methods:*** *The research method uses descriptive with a survey time approach. The population in this study were all families who had family members with mental disorders who were recorded in the medical records of UPT Puskesmas Tikung as many as 84 people. The sample technique used purposive sampling, based on inclusion and exclusion criteria, a sample of 55 respondents was obtained. The instrument in this study used the Coping Health Inventory for Parent (CHIP) questionnaire.* ***Results:*** *The results showed that most families had adaptive coping mechanisms, namely 32 respondents (58.2%) and almost half had maladaptive coping mechanisms, namely 23 respondents (41.8%).* ***Conclusions:*** *This study illustrates that families with mental disorders in the UPT Puskesmas Tikung Lamongan area use good coping in dealing with mental disorders. Families are expected to continue to use adaptive coping in providing support and motivation to family members who experience mental disorders so that they are always routinely taking medication.*

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INTRODUCTION

The coping mechanism owned by the family will influence the actions for problem solving. Family coping mechanisms are used to reduce the pressure caused by People with Mental Disorders or ODGJ are people who experience disturbances in behavior, thoughts, and emotions which are manifested in complex symptoms and significant changes in behavior that can cause suffering and obstacles in carrying out functions as human beings (UU No. 18, 2014) and by a problem, both internal and external pressure (Yusuf et al., 2015) He family must have an effective coping mechanism so that it will help the family in dealing with problems that arise, if the family's coping mechanism is ineffective 20it will have an impact on the healing process of family members who have mental health problems. This study aims to describe the mechanism of family coping in caring for patients with mental disorders in the UPT Puskesmas Tikung Lamongan area.

He incidence of mental disorders is around 35 million people with depressive disorders, 60 million people with bipolar disorder, 21 million have schizophrenia, and 47.5 million have dementia worldwide. The prevalence of mental health disorders in Indonesia is 6.55%, which means that 6 to 7 out of 100 people suffer from mental disorders (Yusuf, 2019). Based on data from Riskesdas results in 2018 the estimated number of severe mental disorders in East Java is 0.19% or 75,427 cases of ODGJ per year of the total population (East Java Health Office, 2020). The number of mentally ill patients in Lamongan Regency in 2020 is 3,051 cases, while the total he number of souls in the Tikung Health Center area is 84 people out of 44,479 residents (Dinas Kesehatan Lamongan, 2021). Based on the performance report of the puskesmas, data on visiting mental health patients each year has not met the target and 84% of patient visits show that family support and patient adherence to treatment are still quite low (Dinas Kesehatan

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Kabupaten Lamongan, 2019). The visit data shows that there are still many families who are less concerned about the mental health problems of their family members as evidenced by the low number of visits to the Tikung Health Center.

The burden borne by families living with people with mental disorders includes various factors, both economically and socially (Yusuf et al., 2015). Lack of knowledge in the family and community is one of the obstacles in efforts to cure patients with mental disorders (Sulastri & Fitriani, 2021). Efforts that can be made to avoid this maladaptive behavior are to identify coping that can help families adapt to stressors by using existing coping resources (Fitryasari et al., 2018). Effective coping mechanisms can be improved by providing social support to families and introducing the strengths that families have to deal with the problems they are facing (Yunita et al., 2020). In addition, health workers or nurses can provide education to the community so that perceptions and stigma in society change for the better so that they can provide support to families to be more confident in caring for family members who have mental problems.

MATERIALS AND METHODS

Design

This study uses a quantitative descriptive. Descriptive research is research that provides a clearer picture of social situations (Sugiono, 2013). Descriptive research methods are used to solve or answer the problems being faced in the current situation. The time approach in this study uses a survey. The survey is a descriptive research design that is used to provide information related to the prevalence, distribution, and relationships between variables in one population and there is no intervention (Maryam B. Ganau, 2016). This study aims to clearly describe the coping mechanisms used by families in caring for family members with mental disorders in the UPT Puskesmas Tikung Lamongan area.

Respondents

The population in this study were all families who had family members with mental disorders who were recorded in the medical records of UPT Puskesmas Tikung Lamongan as many as 84 respondents.

Time and Location

The research was carried out in the UPT Puskesmas Tikung area, Lamongan Regency in March 2022.

Variable

This study uses a single variable, namely the coping mechanism used by the family.

Instrument

The instrument used to measure family coping mechanisms is the Coping Health Inventory for Parent (CHIP) instrument developed by McCubbin and Thompson. This instrument has 45 item scales which are then translated from English into Indonesian and modified according to research needs.

Procedure

The stages in data collection are as follows:

1. Preparation Stage

In the preparation stage the researcher identifies the problem, conducts a reference study, preliminary study, and prepares a proposal.

2. Implementation Stage

The data collection procedure begins by submitting a research permit application letter to the Dean of the Vocational Faculty, Airlangga University. After obtaining a research permit from the Faculty of Vocational Studies, Airlangga University, it was then submitted to the National Unity and Politics Agency of Lamongan Regency with copies for the Lamongan District Health Office, Tikung Health Center and Tikung District. From the Tikung District, a research permit was obtained with copies for villages in the Tikung District. The permit also attaches a research proposal. After obtaining permission from each village head, the researchers conducted field observations. Field observations were made to determine potential participants. After obtaining data on the population of mental disorders in the UPT Puskesmas Tikung area, the researchers then determined the respondents using a purposive sampling technique according to predetermined criteria and the results obtained were 55 selected respondents. Before the questionnaire was distributed, the researcher first explained the purpose of the research, the purpose of informed consent, including the confidentiality of names, data, benefits, and explained how to fill out the questionnaire to respondents, including an explanation of each item. Respondents could ask questions if something was unclear. When finished, the researcher thanked her for participating in the research process.

3. Final Stage

At this stage the data that has been collected is then processed and analyzed by the researcher so that the results of the research can be known which are then drawn conclusions.

Ethics

Commission on Ethics for Health Research, University of Muhammadiyah Lamongan No. 136/EC/KEPK – S1/03/2022 states that this research is ethically sound. Therefore, this

researcher uses the subject so that he must obtain approval from the subject under study and the institution where the research is carried out with an emphasis on ethical issues which include (Dinas Kesehatan Provinsi Jawa Timur, 2020):

RESULTS

The results of tabulation and data analysis based on the characteristics of the respondents are as follows:

Table 1. Frequency Distribution of Respondents by Gender in the Tikung Lamongan Health Center UPT Area in 2022

Gender	Frequency	Percentage
Male	11	20%
Female	44	80%
Total	**55**	**100%**

Based on table 1: shows that almost all families with mental disorders who were respondents in this study were female as many as 44 respondents (80%), while a small portion were male as many as 11 respondents (20%).

Table 2. Frequency Distribution of Respondents by Age in the UPT Puskesmas Tikung Area in Lamongan Year 2022

Age	Frequency	Precentage
18-40 Tahun	19	34,5%
41-60 Tahun	31	56,4%
>60 Tahun	5	9,1%
Total	**55**	**100%**

Based on table 2, it shows that most of the families with mental disorders who were respondents in this study were aged 41-60 years. Last education

Table 3. Frequency Distribution of Respondents Based on Last Education in the Tikung Lamongan Health Center UPT Area in 2022

Education	Frequency	Precentage
Bachelor	1	1,8%
SD	25	45,5%
SMA	13	23,6%
Middle School	9	16,4%
No School	7	12,7%
Total	**55**	**100%**

Based on table 3, it shows that almost half of the families with mental disorders who were the respondents in this study were elementary school graduates with 25 respondents (45.5%), while a small portion graduated with a bachelor's degree as many as 1 respondent (1.8%).

Table 4. Frequency Distribution of Respondents Based on Occupation in the Tikung Lamongan Health Center UPT Area in 2022

Occupation	Frequency	Precentage
Teacher/PNS	2	3,6 %
IRT/Labor	15	27,3 %
Farmer/Traders	21	38,2 %
Private/ Entrepreneurial	3	5,5 %
Not Working	14	25,5 %
Total	**55**	**100%**

Based on table 4 it shows that almost half of the families with mental disorders who were respondents in this study worked as farmers or traders as many as 21 respondents (38.2%),

Table 5. Frequency Distribution of Respondents Based on Income in the Tikung Lamongan Health Center UPT Area in 2022

Income	Frequency	Precentage
< 2.501.997	54	98,2 %
> 2.501.997	1	1,8 %
Total	**55**	**100 %**

Based on table 5.5 it shows that almost all families with mental disorders who were respondents in this study had an income below the Regional Minimum Wage in Lamongan as many as 54 respondents (98.2%)

Table 6. Frequency Distribution of Respondents Based on the Length of Caring for Sufferers in the Tikung Lamongan Health Center UPT Area in 2022

Length of Care	Frequency	Prercentage
<1 Year	1	1,8 %
1-3 Years	5	9,1 %
>3 Years	49	89,1 %
Total	**55**	**100 %**

Based on table 6 it shows that almost all families of people with mental disorders who were respondents in this study had cared for sufferers for more than 3 years as many as 49 respondents (89.1%)

Table 7. Frequency Distribution of Respondents Based on Relationships with People with Mental Disorders in the Tikung Lamongan Health Center UPT Area in 2022

Relationship with sufferers	Frequency	Percentage
Parent	22	40 %
Husband	1	1,8 %
Wivers	5	9,1 %
Children	4	7,3 %
Granny	1	1,8 %
Grandchildren	1	1,8 %
Sibling	21	38,2 %
Total	**55**	**100 %**

Based on table 7 it shows that almost half of the families of people with mental disorders who are respondents in this study have a relationship with sufferers as parents as many as 22 respondents (40%)

Table 8. Frequency Distribution of Family Coping Mechanisms in Dealing with Family Members with Mental Disorders in the Tikung Lamongan Health Center UPT Area in 2022

Category	Frequency	Precentage
Adaptive coping mechanism	32	58,2 %
Maladaptive coping mechanisms	23	41,8 %
Total	**55**	**100 %**

Based on table 5.8 it shows that most families with mental disorders have adaptive coping mechanism responses, namely 32 respondents (58.2%).

DISCUSSION

Table 1 The results of the study show that almost all of the families who care for people with mental disorders are female, as many as 44 respondents (80%). The family is not seen from the gender of either male or female. But mental patients need family support that is able to provide optimal care (Kusumah, 2022).

Table 2 The results of the study show that most of the families who care for people with mental disorders are aged between 41-60 years as many as 31 respondents (56.4%). Based on field facts, at that age the family has an optimal emotional level so that they are able to adjust to the changes that occur. According to (Hurlock, 2002). The age division limit of 41-60 years is entering the middle adult stage. At this age, someone in the family will better understand the situation and changes that arise so that it will be easier to adapt to existing stressors. The more mature a person is, the more able he is to control existing stressors compared to the age of children and old age. In addition, physically it will also be healthier where individuals will be better able to control stress properly through the energy used.

Table 3 The results of the study show that almost half of the families who care for people with mental disorders have primary school education (SD) as many as 25 respondents (45.5%). Based on field facts, families with low education can still receive information on how to deal with mental disorders. The level of education can generally be used as a benchmark for the ability to deal with problems effectively so that the higher the level of family education, the higher the motivation to act and play a role in dealing with mental disorders. However, this study shows that families with higher education do not necessarily have better coping mechanisms than families with lower education or even no education. Motivation to be active in dealing with problems is not only obtained from school, but support from other family members and the surrounding community can improve family coping for the better (Maryam B. Ganau, 2016).

Table 4 Shows that the respondents work as farmers/traders (38.2%). Geographically, Lamongan Regency is an agricultural and trading area. Livelihoods as farmers or traders will make it easier for families to own family assets. Families who have economic assets or wealth will find it easier to solve problems compared to families who do not have economic assets. Families of mental patients who have many assets will make it easier to provide care and treatment for family members who experience mental disorders (Maryam, 2017). Meanwhile, families who do not have assets or do not have funds can use the Healthy Indonesia Card (KIS) facility which is intended for underprivileged citizens.

Table 5 The results showed that almost all families with mental disorders who were respondents in this study had an income below the Regional Minimum Wage in Lamongan as many as 54 respondents. Based on the facts on the ground, many families are too busy working because of the increased financial burden needed to care for mental patients which causes families to try harder at work. However, in this situation the family can still adapt and deal with problems well. This is because families continue to receive assistance from the government in the form of groceries for their daily needs and free medical services such as KIS, so that people with mental disorders continue to receive regular treatment and optimal care. Economic assistance and support is also obtained by families from the surrounding community who care about the situation experienced by families with mental disorders.

Table 6 shows that almost all families with mental disorders who were respondents in this study had cared for patients for more than 3 years as many as 49 respondents (89.1%). Treatment of mental disorders at home requires the active role of the family and community in their environment. The family is responsible for the survival of the patient. Based on the type of family, if it is the nuclear family, then the head of the family is responsible for the patient.

The level of dependence of patients on meeting their basic needs in the family is quite high. This of course will interfere with the implementation of duties and responsibilities of

family members in carrying out their respective functions. If the family is seen as a system, the achievement of family goals will be disrupted. This can happen because patients who experience mental disorders are considered a burden on the family that can affect the system in the family as a whole.

The results of interviews with 10 families of mental patients found that 90% of families said they were burdened in terms of patient medical expenses, time to care for them, embarrassed to have family members with mental disorders, disturbed at work, resulting in reduced productivity to earn a living (Sulastri, 2018). Family empowerment can be seen as a process for the independence of the family in recognizing and taking action to overcome their health problems facilitated by other people, by increasing the family's ability to carry out family tasks and functions to control health (Fabanjo & Loihala, 2017).

Table 7 Patient relationships shows that almost half of the families of people with mental disorders who were respondents in this study had a relationship with sufferers as parents as many as 22 respondents (40%). The family consists of individuals who have close relationships with each other and are interdependent who are organized in a single unit in order to achieve goals (Nadirawati, 2018)

Table 8 Coping mechanisms of most families with mental disorders have adaptive coping mechanism responses, namely 32 respondents (58.2%),

Coping strategies aim to overcome situations and demands that are felt to be pressing, challenging, burdensome and exceeding the resources they have. The coping resources that a person has influence the coping strategies that will be used in solving various problems (Maryam, 2017). A good family coping strategy illustrates that the family's perception of family members with mental disorders is positive. Families provide support, empathy, accept the conditions of patients with mental disorders, and continue to strive to care for family members who experience mental disorders (Kusumah, 2022)

CONCLUSSION

Families are expected to continue to use adaptive coping in providing support and motivation to people with mental disorders so that they are always routine in carrying out treatment.

REFEFERECES

Dinas Kesehatan Kabupaten Lamongan. (2019). *Profil Kesehatan Kabupaten Lamongan Tahun 2020.*

Dinas Kesehatan Lamongan. (2021). Dinas kesehatan Kabupaten lamongan. *Profil Kesehatan Kabupaten Lamongan*. https://lamongankab.go.id/beranda/dinkes/post/1872

Dinas Kesehatan Provinsi Jawa Timur. (2020). Profil Kesehatan Provinsi Jawa Timur 2019. *Dinas Kesehatan Provinsi Jawa Tengah*, 1–123. www.dinkesjatengprov.go.id

Fabanjo, I. J., & Loihala, M. (2017). Efektivitas Penerapan Model Family Centered Nursing Terhadap Tingkat Kemandirian Keluarga Dalam Penanganan Malaria Pada Anak Di Wiliayah Kerja Puskesmas Sanggeng Manokwari. *Nursing Arts*, *11*(1), 1–10. https://doi.org/10.36741/jna.v11i1.12

Fitryasari, R., Yusuf, A., Nursalam, Tristiana, R. D., & Nihayati, H. E. (2018). Family members' perspective of family Resilience's risk factors in taking care of schizophrenia patients. *International Journal of Nursing Sciences*, *5*(3), 255–261. https://doi.org/10.1016/j.ijnss.2018.06.002

Hurlock, E. B. (2002). *Psikologi perkembangan: Suatu pendekatan sepanjang rentang kehidupan*. Erlangga Express.

Kusumah, R. I. (2022). Pengaruh Beban Keluarga, Strategi Koping, Dan Self Efficacy Terhadap Kemampuan Keluarga Dalam Merawat Pasien Skizofrenia Di Wilayah Kerja Puskesmas Baros Kota Sukabumi The Effect Of Family Load, Coping Strategies And Self Efficacy On Family's Capability I. *Jurnal Kesehatan Indra Husada*, *10*(2), 121–131.

Maryam B. Ganau. (2016). *Pengantar Metode Penelitian*. PT Kanisius.

Maryam, S. (2017). Strategi Coping: Teori Dan Sumberdayanya. *JURKAM: Jurnal Konseling Andi Matappa*, *1*(2), 101. https://doi.org/10.31100/jurkam.v1i2.12

Nadirawati. (2018). *Buku Ajar asuhan keperawatan keluarga* (Anna (ed.); Satu).

Sugiono. (2013). *Metode Penelitian kualitatif dan R&D*. Bandung Alfa Beta.

Sulastri, & Fitriani, D. R. (2021). Hubungan Pengetahuan Keluarga dengan Mekanisme Koping Keluarga dalam Merawat Pasien Agresif. *Borneo Student Research*, *2*(2), 761–770.

Sulastri, S. (2018). Kemampuan Keluarga dalam Merawat Orang dengan Gangguan Jiwa. *Jurnal Kesehatan*, *9*(1), 131. https://doi.org/10.26630/jk.v9i1.721

UU No. 18. (2014). Undang - Undang Republik Indonesia Tentang Kesehatan Mental No. 18 Tahun 2014. *Undang - Undang Tentang Kesehatan Jiwa*, *1*, 2.

Yunita, F. C., Yusuf, A., Nihayati, H. E., & Hilfida, N. H.

(2020). Coping strategies used by families in Indonesia when caring for patients with mental disorders post -pasung, based on a case study approach. *General Psychiatry*, *33*(1), 1–8. https://doi.org/10.1136/gpsych-2018-100035

Yusuf, A. dkk. (2019). *Kesehatan Jiwa Pendekatan Holistik Dalam asuhan Keperawatan* (I). Mitra Wacana Media.

Yusuf, A., Fitryasari, R., & Endang Nihayati, H. (2015). Keperawatan Kesehatan Jiwa. *Buku Ajar Keperawatan Kesehatan Jiwa*, 1–366.