

Correlation Between Spirituality And Coping Mechanism Patientes Schizophrenia In Psychiatric Hosipital Dr.Amino Gondohutomo Central Java Province

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Abstract

Background : Patients with schizophrenia have cognitive and behavioral limitations that cause an increase in inability to determine coping that is in line with an increase in emotional change. A good coping mechanism can be realized by applying spirituality. The delivery of spirituality and improving. The ability of individuals to choose a good coping mechanism so that it can improve the quality of life of patients with schizophrenia. **Objective:** To determine the relationship between spirituality in Schizophrenia patients with coping mechanisms in Psychiatric Hospital Dr. Amino Gondohutomo Central Java Province. **Methods :** This study used analytic observational research methods. The design of the study is a cross-sectional approach. The research sample is 56 patients with schizophrenia who undergo outpatient treatment at Psychiatric Hosipital Dr.Amino Gondohutomo Central Java Province. Data collected by questionnaire Spirituality and questionnaire Coping Mechanisms. Analysis of the data by frequency distribution and correlation statistical test nonparametric *Spearman*. **Results :** Spirituality research results showed as many as 38 respondents (67.9%) had high spirituality, as many as 10 respondents (17.9%) had low spirituality and 8 respondents (14.3%) had moderate spirituality. The research result shows the coping mechanisms of 30 respondents (53.6%) had an adaptive coping Mechanism and as many as 26 respondents (46.4%) had a maladaptive coping mechanisms. The test results showed correlation p value <0.05 which indicates that there is a relationship of spirituality in schizophrenic patients with coping mechanisms coefficient correlation value of 0.625, which means the power of a strong correlation. This suggests that patients with schizophrenia in the Psychiatric Hospital Dr.Amino Gondohutomo Central Java Province has a high spirituality have adaptive coping mechanisms. **Conclusion:** In this study indicate that there is a relationship of spirituality with coping mechanisms in schizophrenia in Psychiatric Hospital Dr.Amino Gondohutomo Central Java Province.

Keywords : Schizophrenia, Spirituality, Coping Mechanisms

Introduction

Mental health remains one of the significant health problems to be given more attention in the world, including the country of Indonesia. According to WHO (2016), there are approximately 35 million people who suffer from mental illnesses such as depression, bipolar affected 60 million people, 21 million affected by schizophrenia, and 47.5 million affected by dementia. In Indonesia, a mental illness caused by various factors such as the biological, psychological and social. This certainly affects the burden of additional state and a decrease in productivity of human resources in Indonesia.

Schizophrenia is a psychotic disorder characterized by major disorders of mind, emotions, and behavior, disturbed thoughts, schizophrenics cannot think logically and experience various disturbances of motor activity. Schizophrenic patients withdraw from others. In the mind of schizophrenia contains a delusional and hallucinatory fantasy life.

Schizophrenics have some symptoms of acute symptoms, among which they often experience severe and very disturbing symptoms. Comorbidities with substance abuse are a major problem for patients with schizophrenia, occurring in about 50 percent of a large number of events (Davison, 2010). Therefore it can be concluded that schizophrenia is a disease that affects the brain as a form of functional psychosis, causing thoughts, perceptions, emotions, movements, strange and disturbed behaviors and disharmony (rift personality) between thought processes, emotions, and psychomotor that cause delusions and hallucinations, giving rise to incoherence.

Schizophrenic patients also experience maladaptive coping changes, those that react emotionally. The use of maladaptive coping impacts spiritual dissatisfaction which results in religious passivity. Spiritual application as a form of coping mechanism in schizophrenia can be addressed by various things such as decreasing smoking habit, increasing quality of

life and improving prognosis. Spiritual beliefs can also reduce the risk of suicide, and reduce the risk of drug use in schizophrenic patients. Fulfilling spiritual needs in schizophrenics has a major effect on improving the quality of life.

Shahida's research results (2015) about the relationship between the level of spirituality with the quality of life of schizofyanophrenic patients shows that if the spiritual level is higher, the higher the quality of life. Spiritual needs are one form of non-pharmacological care that can be given to schizophrenics, because spiritual inner peace is proven to improve the quality of life. If inner peace is not met then overall quality of life will also be affected.

Spiritual needs are unique for each individual. In sick individuals, spiritual levels can increase and vice versa, depending on the individual coping mechanism in overcoming them. Adaptive coping mechanisms and the application of spirituality become good collaboration to improve the quality of life of patients with schizophrenia. Therefore, this study is needed to find out more about the relationship of spirituality in patients with schizophrenia with coping mechanisms in Psychiatric Hospital Dr. Amino Gondohutomo Central Java Province. The objective of this study is knowing Relationships Spirituality in Patients with Schizophrenia Coping Mechanisms in Psychiatric Hospital Dr. Amino Gondohutomo Central Java Province.

Methods

Analytic observational research methods. The design of the study is a cross-sectional approach. The population in this study were all patients with schizophrenia in outpatient care in Psychiatric Hospital Dr. Amino Gondohutomo Central Java Province use a criteria restriction.

In this study, univariate analysis of data type numeric (age, spiritual values, and the value of coping mechanisms) presentation using a frequency distribution of mean, median, standard deviation, minimum-maximum and CI (confidens interval). As for the analysis [punivariat categorical data (gender, education level and occupation) presentation using a frequency distribution. Then proceed with the bivariate analysis that uses Dependent t-test test because the data distribution was not normal.

Results

Respondents are all patients was schizophrenia in outpatient care in Psychiatric

Hospital Dr. Amino Gondohutomo Central Java Province included in criteria restriction. The independent variable of this research that spirituality is the dependent variable is a coping mechanism.

Table 1.

Frequency Distribution Characteristics of Respondents With Schizophrenia in Psychiatric Hospital Dr. Amino Gondohutomo Central Java Province.(n = 56)

Demographic characteristics	Percent (%)
Age	
17-25	14.3
26-35	28.6
36-45	37.5
46-55	19.6
Gender	
Male	58.9
Female	41.1
Level of education	
ElementarySchool	7.1
Junior HighSchool	37.5
Senior High School	41.1
Diploma 1	1.8
Diploma 3	3.6
Bachelor	7.1
Magister	1.8
Work	
Does not work	41.1
Farmer	3.6
Handyman	1.8
Teacher	1.8
Private	26.8
Enterpreneur	25.0
History of Early Care	
Oldest	1991
Latest	2018
Average	2010
Total Respondents Schizophrenia : 56 respondents	56 (100)

Table 1 shows that the results of the study of 56 patients with schizophrenia respondents 17-25 years of age amounted to 8 respondents (14.3%), respondents with 26-35 years of age classifications totaling 16 respondents (28.6%), respondents with 36-45 years of age classification amounted to 21 respondents (37.5%) and respondents with 46-55 years of

age classification total of 11 respondents (19.6%).

While the average age of respondents was 36.82 years old, the youngest age of the respondents was largely 19 years, while the oldest age is the age of 54 years with the characteristics of respondents by sex shows more respondents male sex as many as 33 respondents (58.9%) and respondents are female sex as much as 23 respondents (41.1%).

Characteristics of respondents by level of education, the highest number of respondents have a high school education level amounting to 23 respondents (41.1%) and secondary school education level is numbered 21 respondents (37.5%).

Characteristics of respondents by occupation showed as many as 23 respondents (41.1%) did not have a job, while respondents were the least work as Artisan and Master respectively of one respondent (1.8%).

Table 2

Characteristics Frequency Distribution of spirituality in medical diagnosis Schizophrenia respondents (n = 56)

Characteristics Of Spirituality	Number Of Respondents	
	F	%
Low	10	17.9
moderate	8	14.3
High	38	67.9
Total	56	100

Table 2 shows that most respondents have a high spirituality that is numbered 38 respondents (67.9%) and the second largest number of respondents with spirituality is lower by 10 respondents (17.9%).

Spiritual values said to be low if the value of the total sum hsebesar score 15-40, spirituality is said to be moderate if the value of a total score of 41-55 and spirituality is said to be high when the value of a total score of 66-90.

Table 3

Frequency Distribution Characteristics Coping Mechanisms of the respondents with a medical diagnosis of schizophrenia (n = 56)

Classification Coping Mechanisms	Number Of Respondents	
	F	%
Maladaptive	26	46.4
Adaptive	30	53.6
Total	56	100

Table 3 shows that most respondents have adaptive coping mechanisms that were 30 respondents (53.6%) and respondents with maladaptive coping mechanisms as much as 26 respondents (46.4%).

Table 4

Data Normality Test Results Normality test data on respondents with a medical diagnosis of schizophrenia (n = 56)

Variables	Statistics	Shapiro-Wilk	
		Df	Sig
value Spirituality	,835	56	,000
Value Coping mechanism	,911	56	,001

Based on Table 4 above shows that the data are not normally distributed spirituality scale with significant value, 000. While the scale of the data is not normal coping mechanisms distributed by the significant value of 001. It is said is not normal when <0.05 and is said to be normal if the value > 0.05 . From both these results do Spearman Correlation Test due to both the data were not normally distributed. Spearman correlation test can be conducted if the data were not normally distributed and the data measured in ordinal scale.

Table 5

Test Spearman correlation test of spirituality with the coping mechanisms of the respondents with a medical diagnosis schizophrenia (n = 56)

	Variables	Correlation Coefficient	Sig	N
Spearman	value Spirituality	1,000		56
			000	

Correlation Test	Coping Mechanisms Value	, 625	56 000
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Based on Table 5 indicate that demonstrated Spearman Correlation Test Results indicate that spirituality colleration coefficient value of 1,000 and the value of coefficient colleration coping mechanism for, 625 ** and the p-value was 0.000. A p value of 0.000 indicates that the correlation between the scores of spiritual and meaningful score coping mechanisms. Spearman correlation value of 0.625 which indicates that the positive correlation and the power of a strong correlation.

Thus, from these results it can be concluded that there are between spirituality with Coping Mechanisms.

Discussion

The results showed that for the data characteristics of respondents by sex. The results showed the difference between the number of respondents to the sex of male and female. Male respondents are 33 respondents (58.9%) and women were 23 respondents (41.1%). This fits this case Adamo's theory (2016) which states the male sex has a tendency to show a higher risk of schizophrenia because boys tend to have excessive production of stress hormones. In line with the research Thorup (2017) in Denmark in the population aged 17-40 years found that the incidence rate of larger males (1.95%) than women (1:17%). Neither study by Erlina (2015) schizophrenia mostly experienced by men with proportions of 72% where the men had a 2:37 times greater risk of experiencing schizophrenia ($p = 0.01$)

Characteristics of Respondents by Age shows the average age of respondents was 36.82 years old, the youngest age of respondents was 19 years, while the oldest is 54 years old. This study is in line by research Neligh (2012), which says that disorder schizophrenia often about teens and 26-35 age between 15-25 years. Peak age of onset (attack) in men is 15-40 years and women 25-30 years of age is the peak.

Schizophrenia is a mental disorder that is the most widely experienced by some people than other mental disorders that primarily affects the productive age is a major cause of disability and age group of 15-44 years (Davison, 2015). The results showed that most of the respondents have level of education indicates education level

of most respondents is high school education level as much as 23 respondents (41.1%) and SMP as many as 21 respondents (37.5%). Respondents schizophrenic with a history of re-hospitalization has the characteristics of high school education, having a job with mostly low income. Amarita in Lesmanawati (2016) states that patients who have a low education are less likely to notice the quality of healthy life that can affect treatment. Thus, it can be concluded that the respondents schizophrenia with low education had a rate of less paying attention the quality of health, so that they do not carry out the appropriate treatment instructions for dealing with schizophrenia that cause severe symptoms recur and, thus re-hospitalization occurred.

The results of this study are relevant to the research conducted Fakhari (2015) with the result there is a significant association between low education or did not complete elementary school with the onset of mental disorders ($p < 0.001$). This can be caused by a number of patients who drop out of school because of schizophrenia. The low education level will affect patients' knowledge about schizophrenia to be low anyway so that will be an obstacle in social interaction as well as in obtaining information about schizophrenia. As a result, the family and society still have a bad view of the people who suffer from schizophrenia, so many schizophrenics late to be taken to mental health services. This incident resulted in many patients with schizophrenia become difficult to cure.

The results showed showed as many as 23 respondents (41.1%) did not have a job, while respondents were the least work as Artisan and Master respectively of one respondent (1.8%). Van Den (2011) in his research said that people who do not work will be more of a stress associated with high levels of stress hormones (hormone cathecholamine) and the resulting powerlessness. (Kessler, 2015) add people working discount optimism about the future and have a zest for life that is greater than that did not work. According to (Smet, 2013) each work has a potential stress agents, but each varies in levels of stress experience. Common is a combination of stress factors then become unhealthy (Erlina, 2010).

People who do not have jobs necessarily have a low income which adversely affects the economic sttaus which can be a stressor for individuals. Low economic status affect a person's life. For a number of experts do not consider poverty (low economic status) as a risk

factor, but a factor that accompanies responsible for the onset of health problems. The results showed that most respondents have a high spirituality that is numbered 38 respondents (67.9%) and the second largest number of respondents with spirituality is lower by 10 respondents (17.9%) Average of respondents who have a spiritual being as many as eight respondents (14, 3%).

In addition, schizophrenic patients revealed that spiritual or religious significance for people with mental disorders. Attractions in accordance with previous studies conducted by Rosmarin et al. (2015), that of 47 respondents surveyed, a majority (29 respondents) stated that religion is important to them. Schizophrenia patients generally know that the factors affecting their healing not only to take medicine, but also related to other factors such as spiritual and also socialize with other people. This is similar to results of previous studies that spiritual experience helping individuals to improve social relations (Mamani, Tuchman and Duarte, 2015).

Results showed from 56 respondents of 30 respondents (53.6%) had an adaptive coping mechanism and 26 respondents (46.4%) had a maladaptive coping mechanism. In an overview of research results in the distribution of the item in question as much as 53.6% of respondents chose affective oriented as problem-solving strategies in everyday life.

The results of studies showing more respondents have adaptive coping mechanisms as many as 30 respondents (53.6%) and 26 respondents (46.4%) had a maladaptive coping mechanism in line with the study by Lazarus and Folkman (2014). Koping is how a person's response when faced with stress or pressure. According to Lazarus and Folkman (2014), coping strategies is defined as a specific process is accompanied by a business in order to change the domain of cognitive or behavioral constantly to regulate and control the demands and pressures both external and internal, are expected to be burdensome and beyond the capabilities and the resilience of the individual concerned. In patients with schizophrenia, inability to handle and control stress is believed to be the main cause of recurrence and lower quality of life. People with schizophrenia have disturbances in cognitive and behavior, making it difficult to establish an appropriate coping.

Ahyar (2015) mentions several factors that influence coping strategies, namely: physical health, beliefs or positive outlook, maslaah

solving skills, social keterampilan, social support, and material. Meanwhile, according to Stuart and Laraia, there are four (4) factors affecting coping strategies, the ability of the individual (personal abilities), financial and health services (material assets), positive beliefs (positive believe) and social support (social support).

Positive coping strategies that can provide benefits that individuals are able to continue life even though he has a problem. The benefit is to maintain emotional balance, maintaining self-image (self-image) is positive, reduce environmental stress or adapt to things that are negative from a worrying relationship to others.

Conclusion

Based on research data p value = 0,000 A p value of 0.000 indicates that the correlation between the scores and scores spiritual coping mechanisms bermakna. Nilai Spearman correlation of 0.625 which indicates that the positive correlation and correlation strength yang kuat. So it can be concluded there is a relationship between spirituality With Coping Mechanisms in Psychiatric Hospital Dr. Amino Gondohutomo Central Java Province.

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