

Family Coping Mechanism Reviewed From Family Readiness In Children With Chronic Disease

Heri Saputro*¹, Ana Ifa Nurul Haida², Eva Agustina Yalestyari¹, Lingga Kusuma Wardani¹

¹Institut Ilmu Kesehatan STRADA Indonesia, Kediri

²Dr. Soepraoen Hospital, Malang

Corresponden Author : h.saputro@iik-strada.ac.id

Article history:

Received: Oct 2, 2020

Revised: Oct 14, 2020

Accepted: Nov 12, 2020

Keywords:

Coping Mechanism

Family Readiness

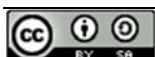
Chronic Illness.

Background: Chronic illness in children has an impact on families such as social, economic, and psychological impacts. This impact can lead to negative emotions such as sadness, stress and even depression. Family readiness is the ability of the family both physically and mentally in the face of something that happens to family members. The purpose of this study to know the relation of family coping mechanism in terms of family readiness in children with chronic diseases in the Nusa Indah Room of Hospital Level II dr. Soepraoen of Malang. **Method:** The research design uses correlational analytics with cross sectional approach. The population is the whole family of children with chronic disease in Nusa Indah Room, Hospital dr. Soepraoen of Malang with sample amounted to 44 respondents and taken by purposive sampling. Data collection using questioner then analyzed by chi square test. **Results:** The result showed that family readiness in children with chronic disease mostly (70,5%) ready, family coping mechanism mostly (61,4%) adaptive category. The result of the analysis showed that there was a significant correlation between family readiness with family coping mechanism in children with chronic disease with $p \text{ (sig.) } 0,000 < 0,05$. The more ready family then the more positive (adaptive) coping mechanisms that are formed by families in children with chronic diseases. **Conclusion:** Family readiness is a very important aspect to support the formation of adaptive coping mechanisms in families with children suffering from chronic diseases.

I. Introduction

Chronic illness is a condition that affects daily functioning for more than 3 months of the year which results in hospitalizations from 1 month in a year or tends to experience repeated hospitalizations. Chronic disease is not only experienced by adults or the elderly, but also affects children and even babies. Children with chronic diseases will more often experience hospitalization, treatment and visits for medical examinations with paramedics. Chronic diseases suffered by children include asthma, congenital heart defects, diabetes, cancer, epilepsy, sickle cell anemia, HIV / AIDS, obesity, mental illness and diseases related to disabilities such as autism, hyperactivity, and disability (Wong, 2007).

Chronic illness in children has an impact on the family including social, economic and psychological impacts. This impact can lead to negative emotions such as sadness, stress and even depression. The most severe cost and risk problems faced by children are major factors for parents' anxiety. Of course, the impact on each person is not the same. However, if each family member understands how chronic illness affects people in general, they will be better prepared to deal with the specific problems that arise in certain situations. Experiencing various problems, of course, causes uncomfortable feelings in parents. In various studies, it has been proven that parents' feelings vary when receiving a diagnosis of their child's disease, ranging from shock, distrust, resistance, and anger. Other feelings that arise are hopelessness, depression, frustration and confusion. Feelings of guilt, feeling less meaningful, lack of confidence are also common responses (Asyanti, 2014).



Coping is seen as a balancing factor that can help individuals adapt to stressful conditions. Coping is a mechanism for coping with changes faced by individuals, if families tend to develop adaptive coping mechanisms, then the family can adapt to change, but on the other hand, if families tend to develop maladaptive coping mechanisms, then the family is unable to adapt to change and will experience mental disorders. To deal with the condition of children suffering from chronic diseases, families need to develop effective coping, family coping strategies and processes. The coping mechanism is a method used by individuals in solving problems, adapting to change, and responding to threatening situations (Keliat, 2007).

Harrington (in Asyanti, 2014) states that the population of children with chronic pain worldwide is estimated to be around 10% and one to two percent of them are in very serious conditions. Epidemiological studies show that one in 10 children under the age of 15 suffer from chronic disease, while other studies suggest that one in three children under 18 have chronic disease. Based on 2010 data from the American Cancer Society, the number of chronic disease sufferers in children with ALL cancer in the world is 1,529,560 people. Data from the Indonesian Ministry of Health in 2010 in Indonesia showed the number of cancers was 24,352 children. At the Level II Hospital, dr. Soepraoen Malang found that most chronic diseases suffered by patients in the Nusa Indah room were DHF, Broncho pneumonia, ARI, Asthma, GE, Febris confusli. The total number of pediatric patients in the Nusa Indah room in 2015 totaled 1,193 patients, in 2016 there were 1,306 pediatric patients, and from January to February 2017 the number of pediatric patients was 168 patients (RS. Soepraoen, 2017).

Families with children who suffer from chronic diseases must continue to bring their children to take control to the hospital on a predetermined schedule and families must prepare themselves so as not to experience stress or changes in coping. So that children with chronic diseases cannot be separated from the attention of the family, it is necessary to improve coping mechanisms in dealing with children with chronic diseases. By increasing family coping mechanisms, one of which is by increasing family readiness in dealing with children with chronic diseases. Family readiness in caring for sick family members is an ability that includes knowledge and willingness to carry out tasks in providing health care (Rasmun, 2009).

Family readiness is the ability of the family both physically and mentally in dealing with something that happens to family members. Physical readiness means sufficient energy and good health, while mental readiness means having sufficient interest and motivation to carry out an activity (Dalyono, 2007). Bernard (2009) who researched the Psychological Effects of Physical Illness and Hospitalization on the Child and the Family, stated that most parents who have children with chronic diseases feel a heavy burden, both moral and material burdens. This is because in addition to having to continuously monitor the child's growth and development, the costs required for blood transfusions are also quite expensive. Apart from costs, another problem is that this disease is a disease that is contracted for life, meaning that this disease is a disease that cannot be cured.

This family readiness not only enables them to think clearly, have the energy to face the various possibilities that arise during a child's illness, as well as find their own effective way of responding to a child's illness. If the above conditions occur, cooperation with health professionals in the context of child care will be even more optimal. Parents will be able to deal with various incidents during relapse and hospitalization, time-consuming daily care and the impact of children's illness on various aspects of their child's development.

Based on a preliminary study in January 2017 by conducting interviews with 10 families of child patients with chronic diseases, it was found that 80% said they were anxious about facing their children with chronic diseases, only surrendered to Allah SWT and the medical team in the hospital.

The patient's family always accompanies the patient while he is in the hospital, even though they are sometimes afraid that their child's chronic illness will not heal.

Based on the above background, the researcher is interested in conducting a study entitled "The relationship of family coping mechanisms in terms of family readiness in children with chronic diseases in the Nusa Indah Room, Level II Hospital, dr. Soepraoen Malang".

II. METHODS

The research design used a correlation analytic survey with a cross sectional approach. The research instrument used a questionnaire consisting of family readiness and family coping mechanisms in children with chronic disease. Data analysis used Chi square statistical tests..

III. RESULTS

Respondent Characteristics

Table 1 Characteristics of Respondents based on Age, Gender, Education, Age of Children, Gender of Children and Length of Child Suffering from Chronic Disease

Characteristics	N	%
Age		
20-30 Years	5	11,4
31-40 Years	34	77,3
41-50 Years	5	11,4
Gender		
Man	15	34,1
Women	29	65,9
Education		
Junior High School	2	4,5
Senior High School	14	31,8
Academy	9	20,5
Bachelor	19	43,2
Age of Children		
< 12 Months	3	6,8
12-26 Months	12	27,3
37-60 Months	21	47,7
>60 Months	8	18,2
Gender of Children		
Laki-Laki	17	38,6
Perempuan	27	61,4
Length of Child Suffering from Chronic Disease		
< 12 Bulan	3	6,8
12-26 Bulan	12	27,3
37-60 Bulan	21	47,7
>60 Bulan	8	18,2

Variable Characteristics

Table 2 Characteristics of Respondents Based on Family Readiness and Coping Mechanisms

Characteristics	N	%
Family Readiness		
Ready	31	70,5
Simply Ready	13	29,5
Not ready	0	0
Coping Mechanisms		
Adaptive	27	61,4
Maladaptive	17	38,6

Statistical Test Results

Table 3 Cross-tabulation of the Relationship between Family Readiness and Coping Mechanisms in Children with Chronic Disease

Readiness	Coping Mechanisms					
	Adaptive		Maladaptive		Total	
	f	%	f	%	f	%
Ready	24	54	7	16	31	70
Simply Ready	3	7	10	23	13	30
Jumlah	27	61	17	39	44	100

Based on table 3, it is known that of all families who were declared ready more had adaptive coping mechanisms than those who were quite ready with a percentage of 54.5%. Meanwhile, families who were declared quite ready had more maladaptive coping mechanisms than those who were ready with a percentage of 22.7%

Table 4 Spearman Rank Test

		Family Readiness	Coping Mechanisms
Family Readiness	Correlation Coefficient	1.000	.860**
	Sig. (2-tailed)	.	.000
	N	44	44
Coping Mechanisms	Correlation Coefficient	.860**	1.000
	Sig. (2-tailed)	.000	.
	N	44	44

** . Correlation is significant at the 0.01 level (2-tailed).

Based on table 4, the p value (sig.) Is 0.000 < 0.05, then reject H₀, it is concluded that there is a significant relationship between family readiness and family coping mechanisms in children with chronic disease.

IV. DISCUSSION**Family Readiness in Children with Chronic Illness**

Based on the results of the study, it is known that family readiness for children with chronic diseases is in the Nusa Indah Hospital Room. TK II dr. Most of Soepraoen Malang (70.5%) are classified as ready. This shows that most families are able to deal with, care for, accompany, care for and always pray and have the interest and motivation for healing their children who suffer from chronic diseases.

Families who are declared ready for children suffering from chronic diseases indicate that parents or families feel competent and confident in the ability, skills and knowledge to care for children with chronic diseases when the child has to undergo illness and care for a long time. Of course this may be different from the family in general. Because this condition can cause negative emotions such as sadness, stress and even depression. However, family respondents in this study can be stated as family members who are ready and able to understand the diseases that befall their children, so that they are better prepared to face the conditions of the diseases that befall their children.

Families in the ready category of children suffering from chronic diseases in this study were supported by age, that is, in this study all respondents were families aged between 20-50 years, which age included as adults, with the age category of adults almost certainly having high readiness

for face everything that happens to family members including children who suffer from chronic diseases. This means that age is a component that can shape the mental and character of families who have children suffering from chronic diseases to become more mature and have positive expectations and leave all matters to God Almighty, so that with this attitude and character, the family is better prepared to face problems that arise. afflicts his family members including his child who is suffering from chronic diseases.

Education is also one of the factors that can affect family readiness in dealing with children with chronic diseases. In the study, it was found that the respondents had almost half of their education (43.2%) undergraduate and followed by high school education (31.8%) and 20.5% at the academy / diploma level. This data shows that almost all families have higher education. With a higher education level, there is sufficient knowledge and experience about how to deal with bad situations that befell their children. So that the family can optimally solve their problems and will make the family more prepared to deal with children's diseases and children's problems as a result of their illness. Apart from age and education, which is also important in supporting family readiness for children with chronic diseases is socioeconomic. Socio-economics are usually closely related to the cost of child care that must be provided by the family. If the cost of child care is available it will almost certainly reduce the burden on the family and make the family more prepared for the child to suffer from chronic illnesses. Although in this study, the socio-economic data of the family was not explored, but it can be stated that almost all respondents are from relatively well off families, this is evident that the patient is a child with chronic disease in the Nusa Indah Room, dr. Soepraoen Malang 60% are BPJS patients and 40% are from families of TNI members. So that it can be ascertained that the problem of child care costs is not a problem, thus making the family much more prepared and not causing panic or anxiety because all the costs of child care are already covered.

Family Coping Mechanisms in Children with Chronic Disease

Family coping mechanism in children with chronic disease in the Nusa Indah Hospital Room. TK II dr. Soepraoen Malang, most of the respondents (61.4%) are classified as adaptive. This means that most families have been able to cope with and defend themselves due to psychological changes in the form of stress, depression and anxiety in dealing with children's conditions.

Adaptive coping for the family is one of the most important variables to support the recovery of children. Adaptive coping helps families to adapt quickly to difficult situations. The family as a healthy family member must have the ability to pass through a critical condition while the patient is hospitalized which depends on the family coping mechanism, in this case as a healthy family member and the patient as a sick member both need to fulfill psychosocial needs.

Family coping mechanisms, which are mostly classified as adaptive in this study, can be influenced by several factors including family readiness. In this study most of the respondents (70.5%) were in the ready category to face children with chronic diseases. Having good readiness is likely to influence adaptive coping mechanisms.

For families who are ready to face any situation, including if there are family members, especially sick children, it can prevent stress, depression and despair, so that it has an impact on neglecting care and attention to a sick child and if that happens it can certainly worsen the child's health condition. . Therefore, every family member should always be ready to face all things related to unpleasant conditions and circumstances, especially if there are family members or children who are suddenly diagnosed with a chronic disease.

In addition, adaptive coping mechanisms can also be affected by age. In the results of this study, all respondents' ages are in the adult category, namely the range between 20-50 years. In this

age range, respondents have the ability to cope with and defend themselves due to psychological changes in the form of stress, depression and anxiety in dealing with the child's condition.

Relationship between Family Readiness and Family Coping Mechanisms in Children with Chronic Illness

The results showed that there was a positive and significant relationship between family readiness and family coping mechanisms in children with chronic disease in the Nusa Indah Hospital Room. TK II dr. Soepraoen Malang with p value (sig.) 0,000 <0.05. This means that the more prepared the family is in dealing with children with chronic diseases, the more adaptive (positive) family coping mechanisms are, and conversely the more unprepared, the more negative (maladaptive) the family is in dealing with the condition of children suffering from chronic diseases.

The relationship between family readiness and family coping mechanisms in children with chronic disease shows that to avoid stress, depression and even loss of excessive emotional control when children suffer from chronic illness, one of them is to try as much as possible to always be ready to face the calamities that befall them. . With this readiness, one can be sure to be calmer, more patient and wise in making every decision and try to find all means to overcome the problems suffered by their children. So that with high readiness, it will also have a high ability to form an adaptive coping mechanism, so that it can carry out self-defense to avoid depression, stress and panic in dealing with the child's condition.

V. CONCLUSION

Family readiness for children with chronic diseases in the Nusa Indah Hospital Room. TK II dr. Most of Soepraoen Malang (70.5%) are in the ready category
Family coping mechanism in children with chronic disease in the Nusa Indah Hospital Room. TK II dr. Most of Soepraoen Malang (61.4%) in the adaptive category
There is a significant relationship between family readiness and family coping mechanisms in children with chronic disease at the hospital. TK II dr. Soepraoen Malang with p (sig.) 0.000 <0.05.

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