e-ISSN: 2829-6192, p-ISSN: 2829-6184
DOI: https://doi.org/10.38035/ijam.v1i4
Received: 15 February 2023, Revised: 25 March 2023, Publish: 30 March 2023

IJAM
INTERNATIONAL JOURNAL OF ADVANCED MULTIDISCIPLINARY
E-ISSN: 2829-6192, P-ISSN: 2829-6184
https://greenpub.org/index.php/IJAM
editor@greenpub.org
0811 7401 455

Social Support and Coping Strategies as Determinants of Quality of Life

Muhammad Rajab[1], Thalita Syifa Fatimah[2]
[1]University of Malaysia Terengganu, Malaysia, muhammad.rajab@gmail.com
[1]Universitas Pendidikan Indonesia, Indonesia, ithafatimah97@upi.edu
Corresponding Author: muhammad.rajab@gmail.com[1]

Abstract: The purpose of this study is to establish the connection between strategy and social support coping with life quality in the context of psychosocial rehabilitation at Social Hospital. This research employs a quantitative approach. The sample size for this study includes 33 Schizophrenic Patients in psychosocial rehabilitation at Social Hospital. To select the participants, we applied a saturated sampling technique as a sampling method. Three scales, namely coping strategy, social support, and quality of life using the Likert scale, were used as the method of data collection. After examining the data, it was found that the coping strategy is positively related to life quality at a level of 0.67, while the relation between social support and life quality is also positive, with an F calculation of 2.7 and an F table of 0.7. In addition, Regression dummy using SPSS 22.0 for Windows was applied to the result of data analysis, where the correlation coefficient R = 0.814. These findings imply an association between coping strategy, social support, and life quality in psychiatric rehabilitation services in Jakarta.

Keyword: coping strategy, social support, quality of life

INTRODUCTION

A mental disorder called schizophrenia impacts almost all aspects of psychology and functional psychotic disorders whose physical signs are not apparent. Schizophrenia's characteristic symptoms may be classified as positive or negative. Positive symptoms are displayed in excess amounts, which are usually not seen in ordinary people but do occur among those suffering from schizophrenia.

Positive symptoms include delusions and hallucinations. On the other hand, negative symptoms pertain to behaviors that would be expected from a normal person but are lacking in schizophrenia patients. Such symptoms include avolition (loss of motivation), decreased speech, flat affect, and disturbances in social relationships.

Based on WHO data, about 450 million individuals, or over a quarter of the global population, suffer from mental disorders. Among these conditions, schizophrenia is highly predominant. About a third of mentally disordered people live in developing countries, while eight in ten schizophrenics remain untreated. The onset of schizophrenia symptoms usually occurs between the ages of 15-25 and affects males more than females (Ashturkar et al., 2015).

According to outcome research and Fiona (2013), creating a healthy atmosphere with adequate support can promote schizophrenia patients' self-worth, which leads to their feeling at home in the world. They also develop social mutual support that fosters meaningful relationships and contributes to building a supportive environment. By having this sense of belonging, they are more likely to improve their quality of life, have lower rates of symptoms, and readmission into hospitals.

Problems, both of a physical and mental kind, along with those in the social area, are certain difficulties that will have negative consequences on the quality of life of schizophrenic patients. Generally, this term is used to refer to the level of good or bad feeling in everyday existence or satisfaction/dissatisfaction assessment of human well-being. Quality of life can be understood as an individual's subjective perception regarding how one fares against these criteria in normal day-to-day existence.

According to Schipper (Urifah, Dwicahyono, & Yulliastuti, 2017), one of the indicators of the quality of life for individuals with schizophrenia is their ability to function normally as a result of the disease and the impact that treatment has on this. This can help in defining the quality of life from the perspective of how satisfied an individual will be with his/her life, levels of welfare, as well as the client's level of social functioning in schizophrenia.

Schizophrenia (Gee, 2003) states that constraints impacting the quality of life of individuals with schizophrenia include relational barriers caused by discrimination and social stigma, lack of ability to control their behavior, job loss, economic or financial difficulties, side effects and attitudes toward treatment, psychological responses to schizophrenia being distressing and unhelpful, as well as concerns about their future. The processes used in dealing with these barriers or demands are coping mechanisms. One primary factor that greatly aids in assisting people with schizophrenia is teaching them how to employ appropriate coping skills.

According to Lazarus & Folkman (1987), coping strategy is the method of adapting cognitive or behavioral domains to changing environmental demands and stressors, perceived as challenging and exceeding an individual's capacities. In Cohen and Lazarus's (Folkman, 2013) words, coping aims to diminish the stress related to particular circumstances in order to keep self-identity stable, maintain satisfying relationships with others, inhibit emotions, and adjust to negative reality.

People suffering from schizophrenia find it helpful to use social coping strategies, as the level of social support they enjoy in their environment will determine how effective these strategies are. Social support refers to the comfort, help, and joy that an individual gets from other formal and informal group interactions. In the research conducted by Fiona Weiss (2013), she noted that social support can be defined as the interpersonal relationships that can assist a person during stressful situations and prevent isolation. Moreover, social support can be seen as resourcefulness under given circumstances gained from others who can be relied upon.

A way in which one can receive social support is via information, real help, emotional closeness to others, esteem skills of being recognized by others, and a sense of obligation. Support could be acquired from family members, friends, or people around.

Studies conducted through interviews found that most of the patients at the Psychosocial Rehabilitation Mental Hospital Islam are not able to continue their education and work. This is because these patients have hallucinations, which hamper their activities. Patients also experience decreased physical health before undergoing rehabilitation, such as sleep disruptions, difficulties with self-care activities, and feelings of weakness. This decline in quality of life occurs not only during the initial period but also in the aftercare stage. The researcher proposed that there are certain coping strategies and social support factors that contribute to successful reintegration into society among individuals who complete their treatment phase and return home from a mental health care facility. The researcher aims to investigate more on this issue, especially regarding the quality of life in terms of coping strategies and social support, particularly in schizophrenic clients who will be leaving for rehabilitation soon and will return to the community environment.

The problems raised in this research are: (1) Is there any association between coping strategies and quality of life among patients with schizophrenia in the psychosocial rehabilitation center of Islamic RSJ Klender? (2) Is there a relationship between social support and quality of life for patients suffering from schizophrenia during the period when they receive treatment at Psychosocial Rehabilitation ISRS Klender? (3) Do the levels of coping strategies, social support, and quality of life among patients diagnosed with schizophrenia have interdependence in psychosocial rehabilitation RSJ Jakarta? Based on the problem formulation, this study aims to determine how strong the relationships between coping strategies, social support, and quality of life are for schizophrenic patients who receive psychosocial rehabilitation in Jakarta RSJ.

As stated in Handini, Maruddani, & Safitri (2019), quality of life can be defined as the overall satisfaction and well-being of a person. Individual well-being is often evaluated based on one's sense of purpose in life, self-control, relationships with others, personal development, and intellectual condition.

The concept of quality of life is an individual's judgment on the overall functionality in various aspects of life, especially his or her assessment of personal status within the context and value system in which he or she lives, involving goals, expectations, and self-attention (Fayers & Machin in Kreitler, Ben-Arush, & Martin, 2012). There is no one definition of quality of life as it varies across disciplines and contexts. In the health and disease prevention sphere, though, quality of life is generally about health conditions. Wilson et al. in Dimsdale (2008) describe it.

Based on the work of House, Spangler, and Woycke (1991) as cited by Raphael, Brown, & Renwick, there are three domains of human existence: being, belonging, and becoming. Each domain has three sub-domains making a total of nine sub-domains. They are: (1) Being, which is the aspect that displays the actual person as an individual with his or her own uniqueness. In Being, there are three main components, namely the Physical Being, Psychological Being, and Spiritual Being; (2) Belonging, which is the aspect showing how an individual fits into their social context. The physical aspects of Belonging include At-Home Belonging, Social Belonging, and Community Belonging.

Becoming refers to the actions and endeavors undertaken by individuals in order to attain their hopes, dreams, and aspirations. This concept can be further classified into three dimensions: Practical becoming, Leisure becoming, and Growth becoming.

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

It is a common experience for people of all ages to undergo stress and consequently employ multiple stress management approaches (Chia & Holt, 2006). Mental distress is normally an outcome of physical tension and emotional stress. An individual in discomfort tends to have motivation to do something that would reduce or alleviate the same distress; this act is referred to as coping.

The author stated that Sarafino, in his studies (Monteiro et al., 2019), defined coping as a process through which individuals attempt to manage tension between demands and resources present in the situation that may lead to stress. Furthermore, adapting the diction demonstrates that attempts at solving the problem vary and are not always resolved.

The categorization of coping strategies has been conducted by Lazarus and Folkman (1987), who generally classify coping strategies into two main types: problem-focused and emotion-focused. The first type is problem-focused coping (coping focused on the problem) – its aim is to manage situations that arise between people and the environment by means of solving problems, decision-making, and direct action. Also, problem-focused coping could be presented in the form of developing an action plan, putting it into practice, and sustaining to achieve the expected results. People who use problem-focused coping would think rationally and approach positively while dealing with the issue.

There are two major forms of coping: behavior-oriented coping and emotion-focused coping. Behavior-oriented coping refers to the strategies individuals employ to modify their behaviors or actions in response to a stressor or stressors, with the goal of minimizing negative outcomes or maximizing positive ones. This form of coping can be further categorized into three forms, namely confrontative coping, planful problem-solving, and seeking social support. On the other hand, emotion-focused coping is a strategy aimed at regulating an individual's emotional responses generated by a stressor without changing the situation itself that serves as a stress source directly. Emotion-focused coping may also be understood as attempts to diminish or control any emotional distress that is connected with or brought on by a situation. There are five commonly identified categories of emotion-focused coping: distancing, self-controlling, escape-avoidance, accepting responsibility, and positive reappraisal. Social support can be described as different information, advice, and practical aid that a person receives from their close ones, or as the feeling of presence which exerts a psychological effect or controls the behavior of the recipient, according to Gottlieb (Smet, 2012). In contrast, Rock (Smet, 2012) believes that social support is a function of interpersonal relationships that characterizes their overall quality and serves as a preventive measure against stress consequences.

The social support people receive can help them feel relaxed and comforted, thus increasing their self-esteem and competence. According to House (Smet, 2012), there are four dimensions of social support: emotional support, social esteem or reward support, instrumental support, and informational support.

METHOD

The quality of life operational concept has been defined as one's personal perception of oneself, the surrounding environment, and life issues of hope, purpose, meaning, and satisfaction that include emotional well-being, physical health, as well as social functioning. According to (I. Brown et al., 1995), the components used to measure quality of life are physical being covering physical belonging; psychological being including psychological belonging; spiritual being containing ethical belonging; social being which includes community belonging; and becoming covering practical becoming, leisure becoming, growth becoming.

Coping strategy is an attempt by individuals to confront, manage, and resolve the situations, demands, threats, or issues being addressed. Coping strategies were measured by types according to Lazarus & Folkman (1987), namely, problem-focused coping consists of confrontative coping, plain full problem-solving, seeking social support. Emotional-focused coping consists of distancing, self-controlling, escape-avoidance, accepting responsibility, positive reappraisal.

In many situations, when one is troubled, encounters problems, or needs information and practical help, a social support system can be of great use in ensuring that the person feels cared for, valued, and loved. It is important to note that people around you are sometimes the only ones who can give you emotional support and the feeling of a trusted hand in distress. Social support was measured by the types According to House (Smet, 2012) that is emotional support, esteem support, instrumental support, and informative support.

The method of data collection employed in the study was the Likert scale. This scale measured the quality of life, coping strategies, and social support among the participants. The study population comprised 33 to 30 in-patients diagnosed with schizophrenia who were admitted to RSJ Jakarta rehabilitation center; the data sample was selected from inmates of social Panti Laras Cengkareng.

RESULT AND DISCUSSION

The study aimed at determining the correlation between coping strategies and quality of life among patients with schizophrenia. To do this, each score on problem-focused coping and emotion-focused coping was transformed into a z-score. After obtaining z-scores for both categories, we performed an eta test that yielded an eta value of 0.284. Based on the R Square

value of 0.663 and a positive relationship, the arithmetic value of 2.7 with an F-table value of 0.7 were calculated using the formula to make the decision about accepting or rejecting the null hypothesis (H01). The results showed that the arithmetic value was more than the F-table, indicating that H01 can be rejected, suggesting "There was no relationship between coping strategies and quality of life of patients with schizophrenia in the Psychosocial Rehabilitation Social Hospital ," while the alternative hypothesis (Ha1), which states "There is a positive relationship between coping strategies and quality of life of schizophrenic patients at the Social Hospital ," was accepted.

The results of the bivariate analysis testing the hypothesis on the relationship between social support and quality of life showed a correlation coefficient of 0.810, p=0.000 (p <0.005). Therefore, Ho2 has been rejected, and Ha2 has been accepted.

A regression analysis using dummy variables was conducted to investigate the relationship between coping strategies, social support, and quality of life among patients with schizophrenia at Psychosocial Rehabilitation Social Hospital. The obtained results showed that the R-value was 0.814, while the R-square value was 0.663, which means that the null hypothesis third (Ho3) stating "There was no relationship between coping strategies, social support, and quality of life of patients with schizophrenia in Psychosocial Rehabilitation Social Hospital " was rejected, and the alternative hypothesis third (HA3) which says "There is a positive relationship between coping strategies, social support, and quality of life of patients with schizophrenia in Psychosocial Rehabilitation Social Hospital " is acceptable.

Applying the Eta test calculation, the correlation coefficient and R-square value of 0.67 and 0.05, respectively, indicate that coping strategies might have a positive effect on the quality of life of patients with schizophrenia at the Mental Hospital Psychosocial Rehabilitation Islam Jakarta. These findings are consistent with Urifah Rubbyana's (2012) study, which also showed a positive relationship between coping strategies and patient research data using the Eta Test, bivariate correlation, and regression Dummy through SPSS 22.0 for Windows.

Schizophrenia. Therefore, if the level of coping strategies increases, patients with schizophrenia at the Mental Hospital Psychosocial Rehabilitation Islam Jakarta can have a higher quality of life (S. Brown, 2018).

The results of the study demonstrated a strong positive correlation between social support and quality of life among patients with schizophrenia at Mental Hospital Psychosocial Rehabilitation Islam Jakarta, with the bivariate correlation coefficient R being 0.810. These findings are in line with earlier investigations undertaken by Rusdiana, Savira, & Amelia (2018), which found that there is a statistically significant positive relationship between social support and quality of life. Consequently, it can be inferred that when patients possess greater levels of social support, their overall quality of life is likely to increase, while on the other hand, if they lack any form of social support, then their quality of life will inevitably decline (Alamsyah, Paryasto, Putra, & Himmawan, 2016).

An additional analysis employing the dummy regression method indicated that the values of R = 0.814 and R2 = 0.663 were obtained for this study. This also implies a relationship between coping strategies and social support quality of life of patients with schizophrenia in the Mental Hospital Psychosocial Rehabilitation Islam Jakarta.

CONCLUSION

Based on the data analysis results, it is evident that coping strategies have a positive impact on the quality of life of schizophrenia patients at Mental Hospital Psychosocial Rehabilitation Islam Jakarta. A similar positive correlation between social support and quality of life was observed among the patients in this institution. The investigation further affirmed that there is also a significant relationship between coping strategies, social support, and quality of life among the schizophrenic patients admitted to the same psychiatric facility.

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

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