

The Influence of Coping Strategies in Nursing Care on the Psychological Response of Hiv-Aids Sufferers in the Cheek Room at RSUD Labuang Baji Makassar

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Abstract

HIV-AIDS is a disease that is very disturbing for individuals affected by HIV-AIDS. Patients infected with HIV-AIDS will experience various psychological responses which can affect the patient's immune system. The patient cannot accept the fact that he is currently experiencing this deadly disease. So nurses are expected to be able to provide coping strategies to restore the quality of life of HIV-AIDS patients. This research tries to find out whether there is an influence of coping strategies on the psychological response of HIV-AIDS sufferers in the PIPI room at RSUD Labuang Baji Makassar. The research design used was One Group Pre-Experimental, with a population of outpatients and inpatients. In selecting samples in this study, purposive sampling was used, where samples were taken only those who met the inclusion criteria, with a total sample of 2 people. The independent variable in this research is the provision of coping strategies and the dependent variable is the psychological response. Data was corrected using questionnaires and interviews. The data was then analyzed using the Wilcoxon Signed Rank Test with a significant value = 0.05. The results shown from the patient's psychological response are that there is an influence of coping strategies on the psychological response of HIV/AIDS patients in the denial response ($p = 0.001$), there is an influence of coping strategies on the psychological response of HIV/AIDS patients in the anger response ($p = 0.003$), there is no influence of coping strategies on the psychological response of HIV/AIDS patients on the bargaining response ($p = 0.000$), there is no influence of coping strategies on the psychological response of HIV/AIDS patients on the depression response ($p = 0.218$), and there is no the influence of coping strategies on the psychological response of HIV/AIDS patients in accepting responses ($p = 0.785$). Coping strategies can affect HIV-AIDS patients if they are carried out continuously and sustainably until the patient can truly overcome the stress that is within him.

Keywords: Coping Strategies, HIV-AIDS Patients, Psychological Responses of Patients

Introduction

From the past until now, HIV (Human Immuno Deficiency Virus) is still very disturbing to the public and sufferers themselves (Suprayogo, 2018). So anyone who contracts this disease is as if he were sentenced to death. According to Kurniawati (2018), patients are said to show a rejection response if the patient does not believe the diagnosis and will ask many other doctors for their opinions, does not want to tell about the symptoms they are experiencing, and continues to show routine behavior; the angry response is usually shown by being angry, hostile and high-risk behavior usually occurs, the bargaining response is shown by making lots of promises, often to Allah, making vows; the depressive response is indicated by a quiet attitude, withdrawal, sadness, gloomy mood, frequent daydreaming, helplessness, feelings of guilt, changes in appetite and/or sleep patterns are characteristics that often arise; and the accepting response is shown by being less involved with sadness (Rozana & Wicaksono, 2022).

WHO (World Health Organization) states that 16.3 million people suffering from HIV/AIDS have died since the discovery of the disease and estimates that in 2010 the number of people infected with HIV will reach 40 million people (Syukaisih & Oktaviany, 2022). In Indonesia, since the first case of HIV infection was discovered in 1987 until January 2001, 1226 cases of HIV infection have been reported, 461 cumulative cases of AIDS and 235 of these AIDS sufferers have died. In East Java Province as of November 22 1999, the prevalence (cumulative) of HIV/AIDS was 77 cases, consisting of 60 cases of HIV sufferers and 17 AIDS sufferers (Supriani, 2006).

The highest number of cases is in the city of Surabaya, namely 45.5% and it is estimated that it will continue to increase by 30% every year. Data obtained RSUD Labuang Baji Makassar there were 50 people, in 2003 it increased to 79 people and in 2004 until October HIV/AIDS sufferers increased again to 110 people. And this means that the population will decrease not only because of the success of the family planning program but also because deaths due to HIV/AIDS sufferers tend to increase (Purnamasari & palebangan, 2022). In HIV/AIDS patients, the immune system will experience a decline.

It will take several years for someone who is declared to be infected with HIV to find advanced symptoms and be declared an AIDS sufferer (Diliana, et, al, 2023). This depends on their physical and psychological condition, but since they are declared infected with HIV, sufferers often experience stress, due to the high emotional pressure they receive. The views and attitudes of the environment towards victims who are generally unable to accept them, are afraid, have a bad stigma, which can take the form of isolation/ostracism, exclusion and discrimination, make sufferers even more depressed.

According to Nur Salam et al (2004) if the patient is continuously in a condition of psychological stress like this, the process of decreasing the body's immunity will occur more quickly. Currently, there is a developing science that studies the modulation of the immune system and its relationship to stress, namely Psychoneuroimmunology. By using this scientific approach it can be explained that the stress experienced by HIV-AIDS patients will modulate the immune system through the HPA (Hypothalamic-Pituitary-Adrenocortical) axis and the limbic system (which regulates emotions) and learning processes (Sianturi et al., 2021). This stressful condition will stimulate the hypothalamus to release neuropeptides which will activate the ANS (Autonomic Nerve System) to stimulate the adrenal medulla and release catecholamines. Besides that, the pituitary will release β -endorphin and ACTH (Adrenocorticotrophic Hormone) which will stimulate the adrenal cortex to release corticosteroids. These catecholamines and corticosteroids are hormones that react to stressful conditions and are able to modulate the immune system for the better if stressful conditions can be controlled (Gobel, 2019).

By observing the link between stressful conditions and disease progression, it is necessary to provide appropriate assistance and acceptance from the family or environment in order to reduce stress in HIV patients. In other words, the availability of nurses as companions can help provide mental support to HIV patients.

Methods

The research design used was One Group Pre-Experimental, with an outpatient and inpatient population in the PIPI room at RSUD Labuang Baji Makassar. In selecting samples in this study, purposive sampling was used, where samples were taken only those who met the inclusion criteria, with a total sample of 20 people. The independent variable in this research is the provision of coping strategies and the dependent variable is the psychological response.

Data was corrected using questionnaires and interviews. The data was then analyzed using the Wilcoxon Signed Rank Test with a significant value = 0.05.

Results and Discussion

RSUD Labuang Baji Makassar is located on Jl. Maj. Gen. Prof. DR. Moestopo 6-8 Surabaya Percentage of length of stay in hospital. The PIPI room is a room specifically for patients with HIV/AIDS. The PIPI room is a treatment room under the supervision of IRNA MEDIK. The total bed capacity is 10 TT. There are 2 special rooms for providing counseling to HIV/AIDS patients, 1 laboratory room. In December 2004 in the PIPI room there were 19 inpatients and in January 2005 there were 8 patients.

Denial Response (Rejection)

Table 1. Psychological responses to denial responses in HIV-AIDS patients

No.	Denial	
	Pre	Post
1	80	70
2	65	60
3	85	75
4	85	75
5	80	70
6	80	80
7	45	45
8	65	50
9	70	60
10	70	60
11	80	55
12	70	50
13	85	60
14	70	55
15	80	90
16	85	60
17	70	55
18	85	60
19	80	65
20	80	90
	$\bar{X} = 75,50$	$\bar{X} = 64,25$
	Sd = 9,987	Sd = 12,594
	Significance (P) = 0,001	

The table above explains the influence of coping strategies on the psychological response of HIV/AIDS patients in the denial response. Statistical tests using the Wilcoxon test obtained a significance value (p) = 0.001, and there was a decrease in results from 75.50 to 64.25. This shows quantitatively that the patient's rejection response was reduced after being given the intervention.

The following is a content analysis of the results of structured interviews which can be used as support and comparison for the quantitative tests above.

Anger Response (angry)

Table 2. Psychological responses to anger responses in HIV-AIDS patients

No.	Angry	
	Pre	Post
1	55	55
2	30	30
3	45	30
4	55	50
5	70	55
6	75	75
7	55	55
8	70	55
9	70	50
10	70	50
11	45	45
12	70	50
13	75	65
14	70	60
15	70	55
16	60	75
17	60	50
18	75	65
19	70	55
20	70	55
	$\bar{X} = 63,00$	$\bar{X} = 54,00$
	Sd = 12,183	Sd = 11,425
	Significance (P) = 0,003	

The table above explains the influence of coping strategies on the psychological response of HIV/AIDS patients to anger. Statistical tests using the Wilcoxon test obtained a significance value (p) = 0.003, and there was a decrease in results from 63.00 to 54.00. This shows quantitatively that the patient's angry response was reduced after being given the intervention.

Bargaining Response (bargaining)

Table 3. Psychological responses to bargaining responses in HIV-AIDS patients

No.	Bargaining	
	Pre	Post
1	80	65
2	80	60
3	95	80
4	90	80
5	90	70
6	90	80

7	80	60
8	80	60
9	90	70
10	80	60
11	100	60
12	80	60
13	100	70
14	90	60
15	80	60
16	90	70
17	90	60
18	100	70
19	80	60
20	80	60
	$\bar{X} = 87,25$	$\bar{X} = 65,75$
	SD = 7,518	SD = 7,482
	Significance (p) = 0,000	

The table above explains the influence of coping strategies on the psychological response of HIV/AIDS patients to the bargaining response. Statistical tests using the Wilcoxon test obtained a significance value (p) = 0.000, and there was a decrease in results from 87.25 to 65.75. This shows quantitatively that the patient's bargaining response decreases after being given the intervention.

Depression Response

Table 4. Psychological responses to depression in HIV-AIDS patients

No.	Depresi	
	Pre	Pos
1	45	45
2	25	50
3	50	50
4	35	35
5	50	50
6	80	70
7	40	40
8	80	70
9	80	60
10	80	60
11	30	30
12	80	65
13	100	70
14	80	60
15	80	90
16	50	80

17	80	65
18	100	70
19	80	90
20	80	90
	$\bar{X} = 66,25$	$\bar{X} = 62,00$
	SD = 23,049	SD = 17,652
	Significance (p) = 0,218	

The table above explains the influence of coping strategies on the psychological response of HIV/AIDS patients to depression responses. Statistical tests using the Wilcoxon test obtained a significance value (p) = 0.218, meaning that there was no influence of coping strategies on the psychological response of HIV/AIDS patients on depression responses. This was shown by looking at the average result which was originally 66.25, which decreased to 64.25. This shows quantitatively that the patient's depressive response increased after being given the intervention.

The following is a content analysis of the results of structured interviews which can be used as support and comparison for the quantitative tests above.

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Response Received

Table 5. Psychological responses to responses received from HIV-AIDS patients

No.	Acceptance	
	Pre	Post
1	90	95
2	100	100
3	90	95
4	100	100
5	90	95
6	100	100
7	100	100
8	90	95
9	90	100
10	90	100
11	100	100
12	90	95
13	100	100
14	90	95
15	90	70
16	90	70
17	100	100
18	100	100
19	90	90
20	90	70

$\bar{X} = 94,00$	$\bar{X} = 93,50$
SD = 5,026	SD = 10,526
Significance (P) = 0,785	

The table above explains the influence of coping strategies on the psychological response of HIV/AIDS patients in accepting responses. Statistical tests using the Wilcoxon test obtained a significance value (p) = 0.785, meaning that there was no influence of coping strategies on the psychological response of HIV/AIDS patients in the response to receiving this. This is shown by looking at the average result which was originally 94.00 which decreased to 93. 50. This shows quantitatively that the patient is still unable to accept after being given the intervention.

The following is a content analysis of the results of structured interviews which can be used as support and comparison for the quantitative tests above.

Denial Response

From the data analysis above, there is an influence of coping strategies on the psychological response of HIV/AIDS patients in the denial response. Even though the results obtained are significant, in reality there are patients who still feel rejection from within themselves, especially with the results of the examination. This is indicated by patient answers such as, in the pre-denial phase, "I think there might be an error in the examination. What if I'm the one who got it, I didn't use it with a friend who had AIDS! "And it turns out that in the post Denial phase, I still couldn't believe the results. Well, man, I do have liver disease! But I just accept it, what else can I do?"

According to Folkman and Lazarus (1991), AIDS sufferers very easily feel guilty and accept rejection from those around them. This is due to the belief that their behavior, especially sexual behavior, can harm other people. Emotions related to transmitting dangerous germs can make patients feel like they are being thrown away. Discrimination arises in housing, employment, health and community assistance issues, due to fear of infection and prejudice. Irrational fears and negative responses from society are problems that patients, families and support groups must continuously face every day.

Therefore, to bring back positive thoughts in HIV/AIDS patients requires quite a long time. An appropriate coping strategy is to tell what is still the patient's problem at the moment.

Anger responded

From the analysis of the data above, there is an influence of coping strategies on the psychological response of HIV/AIDS patients in their anger response. Even though the results obtained are significant, in reality there are patients who still feel anger within themselves, especially with the results of their examination. This is shown by patient answers such as, "Don't let anyone know about my illness. I wish my parents didn't divorce!" "Sister, I ask you to please keep my illness a secret from my cousin. Just say I have canker sores. I don't want my cousin to be shocked." "I'm afraid that because of my illness, people will avoid me and I will be kicked out of my job. Moreover, I'm still new at this place where I work. So please, if you want to contact me via cellphone, don't call me at home."

According to researchers, there is an influence of coping strategies on the psychological response of HIV/AIDS sufferers who really need information related to disease, transmission, care and medication. This was clarified by assessing the results of a focus group discussion

held at the end of the meeting with sufferers, namely on January 26 2005, which was attended by 13 HIV-AIDS patients.

Bargaining Response

From the data analysis above, there is an influence of coping strategies on the psychological response of HIV/AIDS patients to the bargaining response. Even though the results obtained are significant, in reality there are patients who still feel that there is a condition of bargaining from within themselves, especially with the results of their examination. This is shown by patient answers such as, "When I recover, I don't want to 'use' anything like that anymore. But can I still recover? Can I buy the medicine outside? What if I just go to alternative medicine."

According to William and Rawlin (1986), continuous failure often raises questions about oneself and ends with the conclusion that all the causes lie in one's own weakness. Failure makes people feel useless, and can make a patient question himself about the appropriateness of his treatment. Moreover, if treatment failure occurs, patients usually think about seeking outside treatment such as alternative medicine.

Therefore, appropriate information can overcome feelings of bargaining about patient care. This information was conveyed and took quite a long time, but the time given to researchers was very limited so monitoring the patient's response was still not perfect.

Depression Response

From the analysis of the data above, there is no influence of coping strategies on the psychological responses of HIV/AIDS patients on depression responses. The results obtained were not significant, but in reality there were patients who still felt a condition of depression within themselves, especially with the results of the examination. This is indicated by patient answers such as, "I'm afraid I'll die quickly. Especially when I don't have the money to buy the medicine."

Therefore, to free the patient from feelings of depression requires sufficient time to continue providing encouragement. Therefore, according to researchers, the involvement of nurses during the treatment and care process is very helpful. Encouragement from nurses will really help patients improve their quality of life related to reducing the stress experienced by patients. so that the progression of HIV into AIDS can be slowed and the patient's life expectancy is longer.

Response Received

From the analysis of the data above, there is no influence of coping strategies on the psychological response of HIV/AIDS patients in their acceptance response. The results obtained were not significant, in fact there were patients who still did not accept the stressful condition within themselves, especially with the results of the examination. This is shown by the patient's answer such as, "I don't know, maybe this is one of God's trials for me?"

The results of the data analysis above support the results of statistical tests which show why there are still respondents who have not experienced a change in their response. This is because there is limited time in research, so the time for counseling is limited. By providing continuous and continuous counseling, it is hoped that the patient will arrive at an accepting response.

Conclusion

(1) By implementing coping strategies, the patient will quickly enter an accepting response. (2) Coping strategies influence the psychological response (rejection) of HIV–AIDS sufferers, with a significance value (p) = 0.001. This rejection response is influenced by emotions related to transmitting dangerous germs and can make the patient feel like they are being thrown away. Where the appropriate coping strategy is to tell what is still the patient's current problem. (3) Coping strategies influence the psychological response (anger) of HIV-AIDS sufferers, with a significance value (p) = 0.003. This angry response is influenced by information related to disease, transmission, treatment and medication. (4) Coping strategies influence the psychological response (bargaining) of HIV – AIDS sufferers, with a significance value (p) = 0.000. This bargaining response is influenced by appropriate information which can overcome feelings of bargaining about patient care. (5) Coping strategies have no effect on the psychological response (depression) of HIV-AIDS sufferers, with a significance value (p) = 0.218. This depression response is influenced by the involvement of nurses during the treatment process and. Encouragement from nurses will really help patients improve their quality of life related to reducing the stress experienced by patients. so that the progression of HIV into AIDS can be slowed and the patient's life expectancy is longer. (6) Coping strategies have no effect on the psychological response (acceptance) of HIV-AIDS sufferers, with a significance value (p) = 0.785. This accepting response is influenced by feelings of guilt about past "transgressions" so that the disease is seen as a punishment, about the possibility of spreading the infection to other people and about homosexual behavior or drug use.

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