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The Influence of Self Efficacy and Social Support on the Coping Mechanism of Families of Patients Treated in the ICU Room of Toto Kabila Hospital

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Abstract. Coping mechanisms are ways that individuals do to solve problems, adjust to changes, and respond to threatening situations. Coping mechanisms are influenced by several factors, including self-efficacy and social support. The purpose of this study was to determine the effect of self-efficacy and social support on the coping mechanisms of families of patients treated in the ICU room of Toto Kabila Hospital.This study is a quantitative study with a cross-sectional research design . The population is the patient's family who accompanies the patient in the ICU room of Toto Kabila Hospital. The sampling technique used purposive sampling with a total of 42 respondents. Data analysis used the chi square statistical test .Based on the results of the study, it was found that there was an influence of self-efficacy and social support on the coping mechanisms of patient families with a p value = 0.008 (α <0.05). Based on the results of the study, it is expected that families can improve and maintain adaptive coping mechanisms while accompanying patients undergoing treatment in the ICU room of Toto Kabila Hospital.

Introduction

Critical patients in Indonesia in 2019 were recorded at 33,148 patients with a percentage of patient deaths in the ICU reaching 36.5% (Ministry of Health of the Republic of Indonesia, 2019). According to data from the Ministry of Health as of August 14, 2021, the highest ICU BOR in Indonesia occurred in Gorontalo (83%).

Psychological and social issues must be considered because the symptoms

caused and also the disability due to illness will threaten identity, cause changes in roles, change body image and disrupt existing lifestyles. The worsening condition of the patient and the burden of care borne by the family when the patient receives intensive care can have an impact on the family such as the emergence of symptoms of depression, anxiety, decreased quality of life, and stress.Coping mechanisms are responses to external individual activities that function to prevent, avoid, or control emotional distress (4).

There are several factors that influence coping mechanisms, namely self-efficacy, social support, optimism, education, and gender. Effective coping mechanisms can affect patients' beliefs about recovery, so self-efficacy also plays an important role in how individuals achieve goals, tasks, and challenges (8).

By classifying coping mechanisms into adaptive coping mechanisms and maladaptive coping mechanisms, if family members are able to manage coping mechanisms, it will have a positive impact on the role and function of the family itself.

In research which consisted of 44 family respondents who had family members with head injuries in the ICU with the results of adaptive coping mechanisms consisting of 43.2% and maladaptive family coping 56.8% where families with adaptive coping responses were more balanced in dealing with problems compared to families with maladaptive coping responses who used alcohol and drugs to reduce stress (29).

From the results of interviews conducted on 5 families of patients treated in the ICU room of Toto Kabila Hospital, it was found that there were different coping mechanisms used, there were families who had accepted the patient's condition where the family believed the disease was a test. There were families who experienced shock or surprise, confusion, disbelief, and sadness at the beginning of the diagnosis of the disease stated to the family. The family said that they experienced stress and burden because they were caring for the patient alone without support from other family members, plus they felt tired and had difficulty sleeping.

Based on the background above, the researcher is interested in researching " The Influence of Self Efficacy and Social Support on the Coping Mechanisms of Families of Patients Treated in the ICU Room of Toto Kabila Hospital .

Method

The design in this study uses quantitative research with a cross-sectional approach which is used to see influence self efficacy and support social to mechanism coping family being treated in the ICU of Toto Kabila Regional Hospital.

Population in study This is is all over patients who were treated in the ICU room of Toto Kabila Regional Hospital for 3 months final totaling 153 people. Retrieval technique sample used researcher is purposive sampling . The sample used in this study was 42 respondents.

Analysis techniques used in study This is analysis univariate and bivariate For look for connection between variable independent and variable dependent using the Chi Square test .

Result and Discussion

Table 1. Distribution of Respondent Characteristics Based on Gender

No	Gender	Number(N)	Percentage (%)
1	Man	19	45.2
2	Woman	23	54.8
Total		**42**	**100**

Based on Table 1 shows that Respondent with type sex women (54.8%) more Lots from Respondent with type sex man .

Table 2. Distribution of Respondent Characteristics Based on Age Group

No	Age Group	Number (N)	Percentage (%)
1	12-16 Years (Early Adolescence)	3	7.1
2	17-25 Years (Late Adolescence)	6	14.3
3	26-35 Years (Early Adulthood)	12	28.6
4	36-45 Years (Late Adulthood)	13	30.9
5	46-55 Years (Early Old Age)	6	14.3
6	56-65 Years (Late Elderly)	2	4.8
	Total	**42**	**100**

Based on table 2 it is obtained that Most respondents were in the 36-45 year age group, namely 31.0%, as many as 13 people and the fewest respondents were aged 56-65 years with a percentage of 4.8%, as many as 2 people.

Table 3 Distribution of Respondent Characteristics Based on Education

No	Education	Number (N)	Percentage (%)
1	SD	7	16.7
2	Junior High School	9	21.4
3	Senior High School	14	33.3
4	D3	4	9.5
5	S1	7	16.7
6	S2	1	2.4
	Total	**42**	**100**

Based on table 3, it is obtained that the respondents have a high school education level with a percentage of 33.3% and the fewest respondents have a Masters level of education with a percentage of 2.4%, namely 1 respondent.

Table 4. Distribution Characteristics Respondents Based on Connection

No	Connection	Number (N)	Percentage (%)
1	Biological parents	3	7.1
2	Siblings	6	14.3
3	Biological children	13	31.0
4	Other Family	6	14.3
5	Husband and wife	14	33.3
	Total	**42**	**100**

Based on table 4, it can be seen that the majority of respondents' relationships with patients are husbands/wives of the patients, with a total of 14 people, with a percentage of 33.3%, and the fewest relationships are with biological parents, with a percentage of 7.1%.

Table 5. Distribution of Respondent Characteristics Based on Occupation

No	Connection	Number (N)	Percentage (%)
1	Doesn't work	1	2.4
2	Students	7	16.7
3	Civil servant	10	23.8
4	Indonesian National Armed Forces / Indonesian National Police	1	2.4
5	Honorary	3	7.1
6	Private	1	2.4
7	Farmers/Gardeners/Fishermen	6	14.3
8	Housewife	7	16.7
9	Laborer	3	7.1
10	Self-employed	3	7.1
Total		**42**	**100**

Based on Table 5, it was found that in the job group, the majority of respondents had jobs as civil servants, namely with a percentage of 23.8% and the fewest respondents were unemployed and respondents with jobs as TNI/POLRI, private sector with a percentage of 2.4%.

Table 6. Self-efficacy factors of families of patients treated in the ICU

Self efficacy	Number (N)	Percentage (%)
Tall	34	81.0
Low	8	19.0
Total	**42**	**100**

Based on the results of Table 6, it shows that of the 42 respondents studied regarding self-efficacy, there were 34 respondents who had high self-efficacy or 81.0%.

Table 7. Social Support Factors for the Families of Patients Treated in the ICU

Support Social	Number (N)	Percentage (%)
Tall	37	88.1
Low	5	11.9
Total	**42**	**100**

Based on the results of Table 7, it shows that of the 42 respondents studied, 37 respondents had social support in the high category or 88.1%.

Table 8. Coping mechanisms of families of patients treated in the ICU

Mechanism Coping	Number (N)	Percentage (%)
Adaptive	36	85.7
Maladaptive	6	14.3
Total	**42**	**100**

Based on the results of Table 8, it shows that of the 42 respondents studied regarding the Coping Mechanisms of families of patients treated in the ICU, there were 36 respondents who had the adaptive coping mechanism category or 85.7%.

Table 9. Cross Tabulation of the Influence of Self-Efficacy Factors on Coping Mechanisms

Self efficacy	Mechanism Coping				Total	Pvalue
	Adaptive		Maladaptive			
	N	%	N	%		
Tall	32	88.9	2	33.3	**34**	**0.008**
Low	4	11.1	4	66.7	**8**	
Total	**36**	**100**	**6**	**100**	**42**	

Based on table 9, it can be seen that there are 2 cells that have an expected frequency value of less than 5, so the test value used is the Fisher's Exact Test value. The results of the statistical test obtained a value of p = 0.008 (<0.05) so H_0 is rejected, which means that there is an influence of self-efficacy on the coping mechanism of the family of patients treated in the ICU.

Table 10. Cross Tabulation of the Influence of Support Factors Social To Mechanism Coping

Support Social	Mechanism Coping				Total	Pvalue
	Adaptive		Maladaptive			
	N	%	N	%		
Tall	34	94.4	3	50	**34**	
Low	2	5.6	3	50	**8**	**0.008**
Total	**36**	**100**	**6**	**100**	**42**	

Based on table 10 can seen that There are 2 cells that have mark frequency hope not enough from 5 then test values used is Fisher's Exact Test value . Statistical test results obtained p value = 0.015 (<0.05) then H0 is rejected which means There is influence factor support social with mechanism coping family patients being treated in the ICU.

Discussion

Self-Efficacy Factors in Families of Patients Treated in the ICU

Based on the results of the study in table 6, it was obtained that out of 42 respondents studied regarding self-efficacy, there were 34 respondents who had a high category or 81.0%. Based on the results of this study, many families of patients treated in the ICU of Toto Kabila Regional General Hospital had high self-efficacy because the respondents felt confident that the condition would be fine because the respondents believed that the patient's treatment would help restore the patient's condition. Self-efficacy is a person's belief in their ability to achieve results, this belief is carried out in order to face a situation so that the patient's family can obtain the expected results (23).

The results of this study are also supported by the results of previous studies which show that patients with Pulmonary TB at Tanah Kali Kedinding Health Center have high self-efficacy , this can be proven in cross-tabulation that most respondents who have high self-efficacy as many as 50 respondents (89.3%) have suffered from TB for 1-6 months and as many as 52 respondents (92.9%) stated that they were successful in the specified TB treatment period. This is also supported by the results of interviews conducted by researchers that most of the patients with Pulmonary TB stated that this tuberculosis disease can be cured if we continue to have positive beliefs and are optimistic about following every direction from health workers at the Health Center (19).

From the results of this study, there were 8 respondents who had a low self-efficacy category or 19.0%. This was because the family felt that the situation was not going well. The family was worried and felt unsure that they could face difficulties calmly. The family also felt less confident in being able to care for the patient during illness because the family was more focused on the problem without looking for a solution.

Self-efficacy can affect how individuals feel, behave, think, and motivate themselves to achieve a goal. If individuals have strong Self-Efficacy , the greater the effort made to improve healthy behavior.

Social Support Factors for Families of Patients Treated in the ICU

Table 7 shows that out of 42 respondents studied, there were 37 respondents who had social support in the high category or 88.1%. Based on the results of this study, many families of patients treated in the ICU of Toto Kabila Regional General Hospital had social support. high because other family members provide time, facilities or materials if one of the family members needs help. Respondents who in this case are families of patients who are being treated in the ICU also said that they often get sentences of encouragement from other people who are families of other patients who are also being treated in the ICU.

Families seek support by often telling about the problems they experience. This is in accordance who stated that social support is not just about providing assistance, but what is important is how the recipient perceives the meaning of the assistance (17).

The results of this study are in line with research conducted which showed that the majority, namely 15 people (50%) received good social support. Based on the frequency distribution, it is known that 10 people (33.3%) stated that the family never entertained them if they felt bored while caring for family members in the ICU.

Respondents who have low social support are 5 respondents or 11.9%. Supported by the results of the respondent's answer data stating that there are family members who cannot provide time to help treat patients. Respondents prefer to keep their feelings to themselves because they feel that family members are not willing to provide support to solve problems in dealing with the illness experienced by the patient.

Coping mechanisms for families of patients treated in the ICU

Based on table 8, it shows that out of 42 respondents studied regarding the Coping Mechanism of families of patients treated in the ICU, there were 36 respondents who had the Adaptive category or 85.7%. Based on the results of this study, many families of patients treated in the ICU of Toto Kabila Regional General Hospital had adaptive coping mechanisms because the family believed that God would always give strength. In addition, the family also tried to stay calm and hide their feelings of sadness.

Coping mechanism means having a moderate relationship strength with a positive correlation direction which means that the higher the social support, the more adaptive the individual's coping mechanism is, and vice versa (12).

This is in line with research conducted, The results of the study showed that some, namely 12 people (40%) had poor coping and 18 people (60%) had good coping while the family was being treated in the ICU. Poor coping 22 people (73.3%) did not remain calm in dealing with family members who were being treated in the ICU (15).

6 respondents have a maladaptive category or 14.3%. This is supported by the results of the recapitulation of respondent answer data which states that respondents do not always share with other family members. The family always feels worried when accompanying the patient. Respondents said that if an unexpected situation occurs, they do not know how to act.

In line with research conducted. The results of the study showed that in patients with pulmonary TB, 5 respondents (8.1%) had maladaptive coping mechanisms. The researcher assumed that the efforts of TB patients in dealing with the situation they were experiencing were related to the ability of TB patients to solve problems. Patients with pulmonary TB do not use coping strategies effectively in solving problems, so the smaller the patient's belief or positive view of their abilities, the more depressed and difficult it will be for TB patients to overcome the problems they experience (21).

Self-Efficacy Factors on the Coping Mechanisms of Families of Patients Treated in the ICU

The results of the study obtained indicate that the self-efficacy variable has an influence on the coping mechanisms of the families of patients treated in the ICU. This can be proven in table 9 cross-tabulation between self-efficacy and Coping Mechanisms showing that out of 34 families of patients who have high self-efficacy , 32 people have adaptive coping mechanisms. This shows that respondents feel confident that God will always give strength. Respondents always try to find wisdom in the patient's condition and respondents always try to stay calm when accompanying patients. This is in line with research conducted Putri (21) on the Relationship between Coping Mechanisms and Self-efficacy in Pulmonary TB patients. the results of the study showed that out of 57 respondents with adaptive coping mechanisms, 56 people (98.2%) had high self-efficacy . The results of the study showed that 56 respondents (98.2%) had adaptive coping mechanisms with high self-efficacy .

Based on the results of the study, 2 people were found to have high self-efficacy with maladaptive coping mechanisms. Respondents stated that they believed that God would give strength, but respondents still felt worried and uneasy when accompanying patients. This is supported by research by Pambajeng (2017) regarding the relationship between psychological well-being and self-efficacy. The results showed rxy = 0.777 with p = 0.000 (p <0.05), this shows that the lower the psychological well-being , the lower the self-efficacy .

The results of the study also showed 8 people who had low self-efficacy with 4 people with adaptive coping mechanisms. Respondents stated that they were less confident in being able to care for patients during illness, so they always invited other family members to share about solving difficult problems. In line with research conducted (13) regarding the relationship between self-efficacy and coping mechanisms for solving life problems in adolescents based on the results of the study that had been conducted, the researcher showed that the results of data analysis using the chi square test obtained a p value = 0.032, meaning that there is a significant relationship between self-efficacy and adolescent coping mechanisms.

The results of the study showed 4 people who had low self-efficacy with maladaptive coping mechanisms. Respondents stated that they were not sure that the situation would be fine and felt unsure about being able to care for patients during their illness. This was also supported by the absence of assistance in the form of time, material, or energy from other family members. In difficult situations, people with low self-efficacy tend to give up easily.

The statistical test results obtained a p value of 0.001 (<0.05) so Ho is rejected, which means that there is an influence of self-efficacy on the coping mechanism of the family of patients treated in the ICU. This is because most respondents are very confident in having the strength to face the situation. Families of patients who have high self-efficacy tend to have adaptive coping mechanisms.

The Influence of Social Support on the Coping Mechanism of Families of Patients Treated in the ICU Room of Toto Kabila Regional Hospital

The research results obtained show that the social support variable has an influence on the coping mechanism of the family of patients treated in the ICU. This can be proven in table 10, it can be seen that the results of the cross-tabulation between social support and Coping Mechanisms show that out of 37 people who have high social support, 34 people have adaptive coping mechanisms. High social support can be seen based on the

respondents' answers stating that while the patient was being treated, other family members provided time, facilities, and always played an active role in providing assistance with patient treatment. The results of this study are in line with the research of Juliansyah et al. (2014) which showed that there was a relationship between family social support and the coping mechanisms of DM patients (p value = 0.024). In this study, social support was obtained from family support, friend support and significant other support (close people).

The results of the study also showed 3 people who had high social support with maladaptive coping mechanisms. Respondents stated that respondents often received reinforcement from other family members but respondents felt they did not know how to act. According to the researcher's assumption that respondents who received reinforcement from other family members but felt they did not know how to act were caused by the information or reinforcement received by the respondents not being supplemented with real assistance or the presence of other family members. Supported by research conducted (6) on the relationship between family support and coping mechanisms on quality of life in CKD patients undergoing hemodialysis with the results of the study of family support on quality of life obtained p-value = 0.511 or greater than 0.05 and the relationship between coping mechanisms on quality of life, obtained p-value = 0.463 or greater than 0.05.

Meanwhile, out of 5 people who have low social support, there are 2 people who have adaptive coping mechanisms. Respondents choose not to tell and do not seek support to solve problems in dealing with the illness experienced by patients. Respondents feel they are able to face the problems faced while the patient is being treated. In line with research conducted which shows that out of 12 respondents with good emotional support also have adaptive coping mechanisms. Meanwhile, out of 18 respondents who have less emotional support, there are 16 respondents who have adaptive coping mechanisms (30).

Based on the results of the study, there were 3 people who had low social support with maladaptive coping mechanisms. Proven by the questionnaire data, respondents felt less understanding of the condition and illness suffered by the patient. This is because respondents stated that other family members did not play an active role in the care and treatment of patients. The results of this study are in line with research conducted the results of this study obtained data from 96 respondents who received instrumental support, including less support (7%) moderate (12%) good (81%) (13).

The results of the statistical test obtained a p value of 0.002 (<0.05), so Ho was rejected, which means that there is an influence of social support factors on the coping mechanisms of the families of patients treated in the ICU.

Conclusion

Identification factor self efficacy , from 42 respondents were studied There are 34 respondents who have self efficacy tall or by 81.0%.

Identification factor support social , from 42 respondents studied There are 37 respondents who have support social with category tall or by 88.1%.

Identification factor mechanism coping family , from 42 respondents studied about Mechanism Coping family patients being treated In the ICU there were 36 respondents who had category Adaptive or by 85.7%.

There is influence self efficacy with mechanism coping family patients being treated in the ICU.

There is influence factor support social with mechanism coping family patients being treated in the ICU

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