

The Effect of Emotional Focused Coping and Religiousness on Psychological Well-Being in Family Caregivers of People with Dementia

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Abstract— Dementia is defined as a disorder that is usually experienced by elderly people. This disorder attacks brain function which causes a decrease in cognitive function that can affect a person's productivity. The changes experienced in people with dementia eventually lead to their activities and require the help of others or family as a companion. The stress felt by family caregivers can have an impact on the psychological well-being of family caregivers. Coping strategies are one of several factors that influence the psychological well-being of individuals. Religiosity is also an important factor that influences the condition of individual psychological well-being. The subjects of this study were family caregivers of people with dementia aged 20 years and over. The sampling technique used is snow ball sampling. With 100 research subjects. The research data collection used 3 scales, namely the Psychological Well-Being scale, the Emotional Focused Coping Scale and the Religiosity Scale. The results showed that there was a positive relationship between emotional focused coping and religiosity on psychological well-being in family caregivers of people with dementia, a significant value of .000 ($p < .05$), or the value of F count = 37.224 greater than F Table (3.090) with an effective contribution of 42.3%. From these results it can be concluded that Emotionally focused coping is more effective.

Influences psychological well-being compared to religiosity. With an effective contribution of 30.7%

Keywords— emotional focused coping, religiosity, psychological well-being, family caregivers of people with dementia

I. INTRODUCTION

Dementia is defined as a *disorder* that is usually experienced by elderly people. This disorder attacks brain function which causes a decrease in cognitive function that can affect a person's productivity (Heerema. 2020). This decline occurs due to several disorders such as language / communication disorders, orientation in space and time, construction skills, abstract thinking, memory impairment, difficulty focusing when doing activities, difficulty doing familiar activities, difficulty reading and distinguishing colors, and impaired ability to solve problems (Sherly Deftia. 2019).

According to Putra and Noor (2020), the symptoms experienced by ODD can vary, including general symptoms (difficulty sleeping, forgetting things, personality changes, language disorders, neurological disorders, catastrophic reactions, orientation disorders) and psychotic symptoms (delusions, hallucinations, disorganized speech/behavior, affective disorders). by ODD can cause disruption to ODD's environment, such as ODD can urinate and defecate carelessly, hit or slam things and so on.

Broadly speaking, caregivers are divided into two categories: formal and informal. Formal caregivers are those who are trained in providing care, such as professionals provided by hospitals, psychiatrists and nurses. Meanwhile, informal caregivers are those who provide care without prior training, such as immediate family, friends, friends, and neighbors. According to Reinhard (2017), a family caregiver is an informal companion or caregiver consisting of family members, friends, friends or

neighbors who care for people who have acute or chronic illnesses and need assistance to carry out several activities such as cleaning themselves, wearing clothes and taking medicine.

When the tasks that must be done exceed the family caregiver's abilities and resources, the family caregiver can feel overwhelmed and feel a high level of stress. Stress felt by family caregivers can have a negative impact not only on physical conditions but also on the psychological well-being of family caregivers. This is certainly something that needs to be considered because a decrease in the condition of psychological well-being in family caregivers will clearly also affect the psychological well-being of ODD (Northouse et al., 2012).

Individuals with psychological well-being at a good or high level are expected to be more than just free from distress or mental problems, but also fulfill six aspects of psychological well-being, namely being able to accept themselves as they are, being an independent person, having positive relationships with others, having good environmental control skills, having goals or goals to be achieved in life, and being able to carry out self-development (Ryff in Kurniasari, 2019).

Coping strategies are one of several factors that influence the psychological well-being of individuals. Family caregivers often become invisible second patients where the burdens that arise such as lack of support from the surrounding environment, lack of time for themselves or for socializing, to financial problems that arise due to disruption of the family caregiver's work so that it becomes a trigger for disruption in the family caregiver, such as difficulty sleeping and difficulty concentrating, feeling sad, lonely, anxious, hopeless, reduced productivity, loss of enthusiasm and appetite, fatigue, irritability, frequent crying, withdrawal from family or the surrounding environment to psychiatric problems or mental illness such as depression and anxiety (Sherly Deftia, 2019). 2019).

Lazarus & Folkman, 1987 divide coping strategies into two types, namely Problem focused coping and Emotional focused coping. (Octaviani, Herawati, & Tyas, 2018) suggest that problem focused coping is usually done on problems that can still be fixed, while emotional focused coping is usually done on problems that cannot be changed or fixed. This is in accordance with the opinion of Maryam (2017) who said that problem focused coping tends to be done if the individual believes that the resources he has can change the situation. As for emotional focused coping centered on emotions, it tends to be done when individuals feel unable to change stressful situations and can only accept the situation.

Religiosity is also an important factor that influences the psychological well-being of individuals. This is also in accordance with Ryff's opinion that religiosity is one of the factors that influence psychological well-being (Ryff & Singer, 1996). Religiosity is a form of human relationship with their creator through religious teachings that have been internalized in a person and reflected in their daily attitudes and behavior. A family caregiver must have the belief that every thing is possible.

A family caregiver's life is a life path that must be passed well with effort and endeavor to God. By having good beliefs and religiosity, a family caregiver will live his life well too. In the theory of religiosity, Glock and Stark reveal that religiosity is the overall function of an individual's soul including beliefs, feelings and behaviors that are directed consciously and seriously at the teachings of his religion by working on five religious dimensions which include mandatory and sunnah worship procedures as well as religious experience and knowledge in individuals (Jalaluddin, 2008).

The psychological well-being of family caregivers is important to note because the psychological well-being of family caregivers is associated with the optimal provision of care to ODD. When the psychological well-being of family caregivers increases, the care provided to ODD patients will be optimal (Amalia & Rahmatika, 2020). In addition, the psychological strain experienced by family caregivers can develop into serious psychological problems when not immediately resolved. Therefore, this topic is important to research. Through this study, researchers want to reveal the influence of emotional focused coping and religiosity on psychological well-being in family caregivers of people with dementia. So the researcher will examine the "Effect of Emotional Focused Coping and Religiousness on Psychological Well-Being in Family Caregivers of People with Dementia".

1. Ease of Use

Approach of this study is a quantitative approach that aims to test or determine the effect between two independent variables, which in this study are emotional focused coping and religiosity on the dependent variable, namely psychological well-being in family caregivers of people with dementia. The population in this study were family caregiver of people with dementia over 20 years of age.

II. RESULTS AND DISCUSSION

The results of hypothesis testing on the effect of *emotional focused coping* and religiosity on psychological well-being in *Family Caregivers* of People with Dementia are shown in Table 4.7 as follows:

Table 1. Anova Test Results

		ANOVA ^a				
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2620.477	2	1310.238	37.224	.000 ^b
	Residuals	3414.273	97	35.199		
	Total	6034.750	99			

a. Dependent Variable: Total Coping Strategies

b. Predictors: (Constant), Total religiosity, Total *emotional focused coping*

Based on Table 1, it can be seen that the significance value shows the influence between *emotional focused coping* and religiosity on psychological well-being is significant. This can be seen from the significant value of .000 ($p < .05$), or the value of F count = 37.224 is greater than F Table (3.090). Thus, it can be concluded that the third hypothesis in this study is accepted, which means that *emotional focused coping* and religiosity together affect psychological well-being in *family caregivers* of people with dementia. a high psychological well-being category. High religiosity has moderate psychological well-being, namely 21% and as many as 14% of subjects with *moderate emotional focused coping* and moderate religiosity have moderate psychological well-being. Thus it can be seen that the results of the cross tabulation are dominated by subjects who are in the medium-high *emotional focused coping* category and high religiosity with high psychological well-being

DISCUSSION

Based on the results obtained in this study, it can be concluded that:

1. *Emotional focused coping* has a positive and significant effect on psychological well-being in *family caregivers* of people with dementia with an effective contribution of 30.7%. This means that the coping strategies possessed by *family caregivers* of people with dementia will increasingly lead to psychological well-being in *family caregivers* of people with dementia.
2. Religiosity has a positive and significant effect on psychological well-being in *family caregivers* of people with dementia with a contribution of 11.6%. This means that the *family caregiver* has high religiosity, the *family caregiver* has more psychological well-being.
3. Psychological well-being in *family caregivers* of people with dementia is high. This is influenced by *emotional focused coping* owned by *family caregivers* and supported by the high religiosity owned by *family caregivers* in people with dementia with an effective contribution of 43.4%, while the remaining 57.7% is influenced by other variables not examined in this study.

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