



STRESS EXPERIENCES AND COPING STRATEGIES ASSOCIATED TO SIGNS OF DEPRESSION IN PATIENTS WITH CHRONIC DISORDERS

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ABSTRACT

Chronic disease is the disease that causes the most deaths in the world. In 2020, 73% of deaths that occur in the world will be due to chronic diseases. The purpose of this research is to find out. The general aim of this research is to find out the phenomenological study of the formation process of depression in chronic disease. Qualitative research method with a phenomenological approach. Participants used as many as ten patients. The results of the study average an average age of 52–90 years; the majority are female, and most of the education is elementary school. The results of the study obtained six themes, including my life situation, which made me depressed; my feeling of pressure, which was almost numb; changes in my activities after being sick; my helpless physical condition; my self-defense, which was formed so that I would not be depressed; my efforts to recover quickly.

Keywords: chronic disease; coping strategies; depression; stress

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INTRODUCTION

The most common chronic diseases experienced are heart disease and diabetes, at 1.2% and 0.95%, respectively. Chronic disease There may be those who suffer from more than one chronic disease, but the percentage is tiny; the majority (3.14%) only suffer from one type of chronic disease, only 0.3% suffer from two types of chronic disease, and only 0.03% suffer from three types of chronic disease (Widakdo & Besral, 2013). Chronic diseases cause various symptoms, such as pain and prolonged discomfort, making sufferers susceptible to mental disorders (National Institute of Mental Health, 2018). Chronic illnesses, or sufferers of severe physical illnesses, have at least twice the rate of psychiatric disorders as the general population. Chronic illnesses have been proven by various studies showing that there is a close link between chronic illnesses and emotional and mental disorders. The most common emotional and mental disorders are depression and anxiety, and one of the factors that increases the risk of depression in the elderly is chronic disease (Widakdo & Besral, 2013).

The Depression Health Centre (DHC) 2014 reported that globally, depression in chronic diseases increased from 25% in 2013 to 33% in 2014. The Indonesian Ministry of Health (2014) reported an increase in depression in people with chronic diseases, reaching 13% from 2013 to 2014 (Martani, 2017). From the data above, it can be concluded that the rate of depression increases with age. Depression has various characteristics. Symptoms of depression that often appear in sufferers who experience chronic kidney failure are changes in

mood in the form of sadness, loneliness, and apathy; feelings of self-blame; a desire to punish themselves; changes in sleep disorders; eating disorders; loss of sexual appetite; and changes in activities, even to the point of wanting to commit suicide (Azzahra, 2013; Malikhah, 2021). Depression is a common mood disorder among patients receiving palliative care. Depressive symptoms are recognized as a source of suffering that can be as debilitating as physical pathology and are associated with a significant reduction in the patient's quality of life (Perusinghe et al., 2021). It can be concluded that the problem of depression is related to problems in palliative nursing. The aim of this research is to determine stress experiences and coping strategies associated to signs of depression in patients with chronic disorders.

METHOD

The research design used in this study is qualitative with a phenomenological approach. This research aims to explore and describe patient experiences in the formation of depression in patients with chronic illnesses through in-depth interpretation of participant subjectivity to obtain understanding, meaning, and phenomena. This research is a qualitative study with a phenomenological approach, with participants who are patients with chronic diseases. This research was conducted from February to August 2023. The data collection process was carried out from March to July 2023. The research location was Karangayu Village in Semarang. The main instrument in this research is the researcher himself. Validate this research by reading the proposal that has been prepared and then consulting with internal reviewers in the research process until it is declared valid. The recording device used in this research is a recording device used to record by ensuring that the recording device (audio) can record well. The thing to do is to ensure the device has enough battery to record and the recorder still has plenty of memory. The entire interview process was carried out using supporting equipment in the form of an electronic voice recorder, namely the Sony ICD-PX470, which produces digital sound files. The storage capacity is 4GB of internal memory and has a good recording capacity and recording folder.

RESULTS

There were 10 participants in this study, 3 of whom were male and 7 of whom were female, with an age range of 52 to 90 years. Education levels vary, with some people not attending school until they have earned a bachelor's degree. Most of the participants were married; some were widows or divorced. There are participants who work as civil servants, private employees, self-employed, and some are even unemployed and retired civil servants. Participants with Javanese ethnic groups who are predominantly Muslim are 8 people; 1 person is Christian, and 1 person is Catholic.

Participant Characteristics

Code	Sex	Age (year-old)	Marital Status	Occupation	Education	Ethnic	Chronic Disease
P01	F	55	Married	House Wife	Junior High School	Javanese	Gout
P02	F	61	Married	House Wife	Manajement Diploma	Javanese	Hypertension and gout
P03	F	65	Widow	House Wife	No School	Javanese	Gout
P04	F	63	Widow	House Wife	Elementary School	Javanese	Hypertension
P05	F	71	Widow	House Wife	Junior High School	Javanese	Hypertension
P06	M	52	Widower	Casual workers	Elementary School	Javanese	Strokes
P07	F	70	Widow	House	Junior High	Javanese	Gout

				Wife	School		
P08	M	75	Widower	Unemploye d	Senior High School	Javanese- Chinese	Strokes
P09	M	59	Married	National Electric Company Pension	Senior High School	Javanese	Strokes
P10	F	90	Widow	House Wife	No School	Javanese	Gout

Theme Overview

Theme 1: The situation in my life that makes me depressed

The first theme is to explain the situation, be it an illness that doesn't go away, the loss of a loved one, or loneliness. A total of 8 participants explained the situation of the incident to the researcher, along with a significant fragment of the participant's statement:

"Approximately 5 years... (Hypertension and uric acid)... P1)

"Hypertension has been around for 25 years..." (P2)

"It's been a long time, more than 12 years. Since 2009 (had hypertension)..." (P5)

"Since.. since..late 2010...(Stroke)..." (P9)

"My legs are my knees, you know, it's been a long time..." (P10)

"When (her husband) died three years ago..." (P3)

"My husband died because he didn't die because he didn't get sick, so that's what happened... it was like a shock, you know..." (P5)

"...I'm gone, my wife has died, my children have all died, I don't have anyone to take care of me, I was brought here to Semarang..." (P6)

"the reality is that here it's just being left alone.. it's being left alone.. there's a younger sibling there too, but it's just being left like that." (P6)

"when there's a lot of work, there's no one to help at home, right? ..." (P2)

From the significant fragment of the statement above, there were 2 participants, namely P2 and P6 who contributed more than one statement, which did not appear in the statement, namely P7 and P8.

Theme 2: Feelings of pressure that are almost numb

The second theme explains the participants' feelings of depression, including sadness, worry, hopelessness, and anger. A total of 7 participants explained the situation of the incident to the researchers, along with significant fragments of the participants' statements:

"Yes sad yes, yes sad, yes shocked..." (P1)

"It's often sad to feel that your body is sick..." (P3)

"That's how crying means not accepting it until you cry out loud, the crying sounds loud..." (P5)

"Every day crying...(P3)"

"Yes, 1 – 2 weeks of constant sadness..." (P1)

"yeah, I'm worried too..." (P1)

"I'm worried, when will I have to keep doing this?..." (P3)

"Wow... can this be cured or not?..." (P6)

"just be happy..." (P2)

"Anyway, I'm happy..." (P4)

"I can't think, my mind is lost..." (P6)

"Ooo...annoyed....." (P1)

"Yes, if I'm tired, I get angry..." (P1)

"sometimes I get angry with the children..." (P10)

From the significant statement fragment above, there were two participants, namely P1 and P3, who contributed more than one statement; those whose statements did not appear were participants P7, P8, and P9.

Theme 3: Changes in my activities after being sick

The third theme explains the changes that occur after illness, including not being free, being reluctant to take part in activities, rarely having control over health services, having no income, and being helpless. A total of five participants explained the situation of the incident to the researchers, along with significant fragments of the participants' statements:

"It's not free to do activities..."(P1)

"I don't really want to take part in activities..."(P3)

"So buy it (at the pharmacy... at the pharmacy because amlodipine is already available at the pharmacy

no need to go to hospital..."(P2)

"Now... I can't even find the money now, I'm waiting for rice from the sub-district if I give it to you...." (P6)

"If I want to go, I'm lazy, I'm lazy because of the pain. the change apart from being able to walk before..."(P8)

From the significant fragment of the statement above, the statements that did not appear were participants P4, P6, P7, P9 and P10.

Theme 4: My helpless physical condition

The fourth theme explains the physical conditions of helplessness, including difficulty sleeping, fatigue, laziness, sore limbs, and dizziness. A total of 7 participants explained the situation of the incident to the researcher, along with a significant fragment of the participant's statement:

"yaa...it's hard to sleep too...."(P1)

"tired...tired sometimes..."(P2)

"Yes, that makes me lazy, wanting to do household work makes me lazy..."(P4)

"Every day I feel pain (in both legs)..."(P8)

"My head is a bit dizzy ..." (P5)

"It's hard, sometimes it hurts," (P7)

"I couldn't sleep at night many times because of that though..."(P9)

From the significant statement fragment above, the statements that do not appear are participants P3, P6 and P10.

Theme 5: My self-defense is formed so that I am not depressed

The fifth theme is explaining the physical conditions of helplessness, including difficulty sleeping, fatigue, laziness, sore limbs, and dizziness. A total of 7 participants explained the situation of the incident to the researchers, along with significant fragments of the participants' statements:

"Just keep quiet..."(P6)

"Oh my God, how come the pain doesn't get better, but it's been given to me up to here..."(P2)

"Sickness is indeed God's blessing,..."(P3)

"Yes, I thank God I can still get through all of this..."(P7)

"I surrender to God (surrender to God, okay...researcher's voice) God has given hehe... (gave...researcher's voice) the best way for me..."(P8)

From the significant statement fragment above, the statements that do not appear are participants P3, P6 and P10.

Theme 6: My efforts to get well soon

The sixth theme is explaining about consuming herbal medicines or chemical medicines, complementary therapies, and utilising health service facilities. A total of six participants explained the situation of the incident to the researchers, along with significant fragments of the participants' statements:

"Consume herbal medicine until now...(P1)

"Iya, Consume amlodipine ..."(P2)

"Take gout medication..."(P3)

"consume Bodrex is a bit better in case it recurs again..."(P10)

"Twice a week (2x a week...) Wednesday Friday (physiotherapy therapy)..."(P6)

"looking for healing, namely by acupuncture in Halmahera..."(P8)

"Go to the health center..."(P1)

"Since 2019 therapy at Williambooth Hospital, because Covid stopped, is now returning regularly...(P8)

Therapy and massage...."(P9)

From the significant statement fragment above, there were 2 participants, namely P1 and P8, who contributed more than one statement; those who did not appear were participants P4, P5, and P7.

DISCUSSION

Theme 1 shows that Chronic diseases cause various symptoms, such as pain and prolonged discomfort, making sufferers susceptible to mental disorders (National Institute of Mental Health, 2018). Chronic illnesses, or sufferers of severe physical illnesses, have at least twice the rate of psychiatric disorders as the general population. Chronic illnesses have been proven by various studies showing that there is a close link between chronic illnesses and emotional and mental disorders. The most common emotional and mental disorders are depression and anxiety, and one of the factors that increases the risk of depression in the elderly is chronic disease (Ariyanto, K. A, 2020). Feelings of pressure are included in the section on depression. The rate of emotional and mental disorders is very high (one of which is depression) in chronic disease sufferers; the results of this study show that the figure ranges from 24 to 47%. Hepatitis and stroke sufferers experienced mental and emotional disorders at 47% and 42%, respectively, followed by heart disease and tuberculosis (34%) and sufferers of diabetes mellitus, tumors, or cancer (24%). Two out of ten people suffering from chronic illnesses, two to five experience emotional or mental disorders. Liu, Z. et al. (2021)).

Participants in this study were found to have chronic diseases, including hypertension in 3 participants, gout in 4 participants, and stroke in 3 participants. Characteristics of emotional disorders (depression) include changes in emotional conditions, decreased motivation in carrying out activities, changes in cognition such as thinking about death, difficulty concentrating, and feelings of guilt about oneself (Perusinghe, M., Chen, K. Y., & Mcdermott, B. (2021). Theme 2 shows that someone who is depressed will show changes in behavior and emotions. Depression can be characterized by feelings of depression, loss of interest or pleasure, decreased energy, guilt or low self-esteem, difficulty sleeping or reduced appetite, fatigue, and a lack of concentration Perusinghe, M., Chen, K. Y., & Mcdermott, B. (2021). According to James D. Ralston and Edward H. Wagner (2020), symptoms of depression can be seen from a physical perspective (disturbed sleep patterns, decreased activity levels, feeling quickly tired and sick), a psychological aspect (loss of self-confidence, sensitivity,

feeling useless, feeling wrong, and feeling burdened), and a social aspect (disturbed social interaction and withdrawal from the environment). Other sources write that depression is characterized by symptoms such as decreased mood, loss of interest in things, and feelings of guilt, which are accompanied by disturbances in sleep patterns, decreased appetite, loss of energy, or decreased concentration (James D. Ralston and Edward H. Wagner, 2020). It can be concluded that someone who is depressed will show physical, psychological, and social changes. This case happened to participants P1, P2, P3, P4, P6, and P10, one of whom showed symptoms such as prolonged sadness, crying, sometimes anxiety, overthinking, and even anger.

Theme 3 shows that Depression is a severe chronic disease that occurs worldwide and can affect the mood, way of thinking, and behavior of patients. Depression can cause sadness and a loss of desire to do activities someone enjoys. Depression also causes various emotional and physical changes and decreases the patient's ability to work. According to WHO in 2021, symptoms of depression can be marked by sadness, loss of interest in pleasure, guilt, insomnia, disturbed eating patterns, decreased focus, and feelings of fatigue (Naufal et al., 2019). Participants P1, P2, P3, P6, and P8 told the researcher that when they experienced this incident, they became less accessible, were reluctant to participate in activities, and were helpless. Theme 4 shows that Symptoms of physical illnesses that don't go away include headaches, digestive problems (diarrhoea, difficulty defecating, etc.), stomach aches and chronic pain, sometimes feeling heavy in the hands and feet, low energy, fatigue, becoming sluggish, and difficulty concentrating. Malikhah, A. (2021). Participants P1, P2, P4, P5, P8, P7, and P9 showed helpless physical conditions, namely difficulty sleeping and being unable to sleep.

Theme 5 shows that One of the risk factors for mental and emotional disorders is chronic physical illness. This disease lasts quite a long time, both in pathophysiology and the treatment and recovery process, so it tends to result in death due to biological disturbances in the central nervous system. It often affects a person's cognitive function in deciding on adaptation or defense mechanisms for problems that arise. faced (Widakdo & Besral, 2013). Positive spiritual coping involves using spirituality and faith, which are the strength to survive and find meaning in life, as solace so that victims can manage the emotions that occur to them (Blakey, 2016). According to Frias & Carolina (2015), research data on domestic violence in Pakistan shows that using religion as a strategy to reduce violence and provide psychological comfort to victims. The use of spirituality includes always praying and being grateful for the events that occur in their lives. Coping strategy efforts focus on emotions in addition to spiritual use. So, from the research results, most of them are strong because of children. Meanwhile, focusing on problems, such as seeking support from family, friends, or official institutions, can lead to an open confrontation with the husband and divorce. Another method of emotional control used by participants is using cathartic techniques. James D. Ralston and Edward H. Wagner (2020) states that catharsis means purifying or cleansing emotions related to sadness, fear, or tension. If it relates to the psychological world, catharsis is also defined as a technique used to relieve tension and anxiety by consciously suppressing feelings. Most participants relieved the tension by consciously suppressing feelings by performing religious services as an emotional "cleansing" effect, counseling, and doing hobbies they liked. Participants P3, P6, P7, and P8 showed their self-defense: silence, repression, and acceptance.

Theme 6 shows that Depression can be treated by changing the participant's lifestyle. Lifestyle changes can improve depression in some people. These changes include regular exercise, sunbathing, stress management, counseling, regular sleep, relaxation, meditation,

and traditional therapy. This finding aligns with statements P1, P2, P3, P10, P6, P8, and P9, with the statement consuming herbal medicine, complementary therapy, and utilizing health service facilities.

CONCLUSION

The study results showed that the average age of the participants was 52–90 years, the majority were female, and the majority had elementary school education. The results of the study obtained eight themes, including my life situation, which made me depressed; my feeling of pressure, which was almost numb; changes in my activities after being sick; my helpless physical condition; my self-defense, which was formed so that I would not be depressed; my efforts to recover quickly. The study results recommend psychiatric nurses as counselors for patients with chronic illnesses in recovery to improve their mental health.

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