

RELATIONSHIP BETWEEN STRESS COPING, TOPS SUPPORT, SUPPORT COLLEAGUES, ROLE OVERLOAD AND ROLE IN CONFLICT WITH THE PSYCHOLOGICAL DISTRESS OF HEALTH CARE IN MENTAL HOSPITAL WEST KALIMANTAN PROVINCE IN 2019”

Helvina Sianipar, Zahroh Shaluhayah and Sry Achadi Nugraheni

Faculty of Public Health, Master of Health Promotion, Diponegoro University

ABSTRACT

This study aimed to analyze the relationship between stress coping, support boss, coworker support, role overload and role conflict with distress psychology of health care workers in RSJ West Kalimantan Province, by using this type of explanatory study, a total sample of 122 people and taken in proportional sampling. The results showed that adahubungan between the support of the superior ($p = 0.03$), support co-workers ($p = 0.001$), role overload ($p = 0.00$) and role conflict with psychological distress, while coping with stress do not have a relationship, the test results logistic regression where Value Cox & Snell R Square = 0.241 which means that the effect of stress coping, support supervisor, co-worker support, role overload, and role conflict associated with psychological distress on the health workers in the province of West Kalimantan RSJ of 24.1%. Thus, there are other factors that influence the psychological distress of health care workers in the province of West Kalimantan RSJ outside the model studied by 75.9%

KEYWORDS: Ditrress psychology, health personnel, coping with stress, role conflict

BACKGROUND

According to the World Health Organization (WHO) Mental Health Atlas 2017, the number of health workers in Indonesia as many as 7751 people with a proportion of 3 health workers per 100,000 people. In particular, the proportion of 0.31 psychiatrists per 100,000 people, the proportion of specialized nurses 0.17 per 100,000 inhabitants. Number of mental hospitals in Indonesia as many as 48 and units of mental health services in the hospital as much as 269(WHO, 2018), The condition causes the quality of mental health services in Indonesia tend to be low, and even increase the risk of psychological distress against health workers.

In particular, the Mental Hospital (RSJ) in West Kalimantan provide mental health services for the county or city in West Kalimantan, even small islands around it, such as the Riau islands. Meanwhile, the number of health workers who owned limited, namely a psychiatrist, eight physicians, one dentist and 276 nurses. The health workers serving 700 patients in 15 wards and divided into three shifts. A limited number of facilities and infrastructure are also limited. Number of inpatients in the hospital's 700 patients, while bed capacity is only 580. Each of the wards are ideally housed 30 patients turned out to be occupied by as many as 45-50 patients. Other than that,(Melano,

2018), Such conditions allow lower quality of mental health services as indicated by the increasing number of patients in RSJ West Kalimantan (See Table 1).

Table 1 Data Patient in Mental Hospital of West Kalimantan province Years 2015-2018

No	Year	New patients	Older patients	total	% (The increase decrease)
1	2015	870 (40.47%)	1,280 (59.53%)	2,150 (100%)	-
2	2016	903 (34.82%)	1,690 (65.18%)	1,690 (100%)	34.82%
3	2017	1,035 (35.71%)	1,863 (64.29%)	1,863 (100%)	35.71% (↑)
4	2018	1,389 (36.34%)	2,433 (63.66%)	2,433 (100%)	36.34% (↑)

Description: (↑) increases

Source: RSJ West Kalimantan (2019)

Table 1 shows that during 2015-2018 there was an increase in the number of patients RSJ West Kalimantan province, which in 2017 increased to 35.71% from 2016 and continued to increase to 36.34% in 2018. In 2015-2018, the number of older patients more than the number of new patients, although the number of older patients and new patients from the years 2015-2018 are equally increased. Old patient was here about 90% of patients relapse. This suggests that the high incidence of recurrence in patients with mental asylum West Kalimantan partly because of the quality of health care quality that is less than optimal due to the limited quantity and quality of human resources. The quality of human resources among other factors here alleged psychological distress.

Allegations of psychological distress tendency of health care workers in the province of West Kalimantan RSJ, among others, indicated by the survey results identify problems against 20 health workers RSJ West Kalimantan province on March 16, 2019 as follows:

Table 2 Identification Survey Results Related Problems Psychological Distress in Health Workers in Mental Hospital West Kalimantan Province (n = 20)

No.	Psychological distress symptoms	alternative Answers				
		TP (1)	J (2)	K (3)	S (4)	SL (5)
1	Feeling tired for no reason	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (100%)
2	feel nervous	0 (0%)	0 (0%)	10 (50%)	10 (50%)	0 (0%)
3	Feeling nervous that nothing could soothe	15 (75%)	5 (25%)	0 (0%)	0 (0%)	0 (0%)
4	Feeling hopeless	0 (0%)	0 (0%)	5 (25%)	15 (75%)	0 (0%)
5	Feeling restless or agitated	0 (0%)	0 (0%)	5 (25%)	15 (75%)	0 (0%)
6	Feel so restless until you can not sit still	15 (75%)	5 (25%)	0 (0%)	0 (0%)	0 (0%)
7	Feel depressed	0 (0%)	0 (0%)	0 (0%)	20 (100%)	0 (0%)
8	All actions to care for patients is a futile effort	0 (0%)	0 (0%)	2 (10%)	10 (50%)	8 (40%)
9	Feel so sad that nothing could cheer you	0 (0%)	5 (25%)	12 (60%)	3 (15%)	0 (0%)
10	Feel worthless	0 (0%)	5 (25%)	12 (60%)	3 (15%)	0 (0%)

Information: * Kessler Psychological Distress Scale, TP (Never), J (Rare), K (Sometimes), S (Often), and SL (Always)

Table 2 shows the majority of health workers RSJ West Kalimantan often experience symptoms of distress psychology be tired for no reason, nervous, hopeless, restless or agitated, depressed, feel all the action to care for patients is futile, feel very sad, and feel worthless. The psychological distress allegedly due to several factors as follows:

Table 3 Factors Allegedly Related to Psychological Distress in Health Workers in Mental Hospital of West Kalimantan Province (n = 20)

No.	Factor	Total (%)
1	<i>Coping with stress</i> : when there is a problem of work were lost to follow / ignore the work / neglect colleagues, aggressive verbally to the patient / family / co-workers, scapegoating situations, denying reality (denial), pressing problems (repression), resolve the source of the problem (eg boarding or roundtrip) , relaxation	20 (100%)
2	Support boss: boss just listen to the problems of subordinates but failed to give a solution, bosses are less responsive to complaints of health personnel especially those related facilities and infrastructure, superiors failed to give feedback to subordinates, superiors to supervise the work, the boss invites discussion, the absence of discussion of career	20 (100%)
3	Support co-workers: the gap between employees (groups of employees within one installation), for example, does not want to service the night with people who are not his group, talking about members of other groups, when there are health workers who have problems with the patient (eg, getting the aggressiveness of a patient) then another co-worker who pretended not to see	20 (100%)
4	<i>role overload</i> : A lot of work at one time, feel a lot of responsibility, feeling that the workload more than the others.	20 (100%)
5	<i>role conflict</i> : Conflict between installation	20 (100%)
6	Other: where to stay away, the road to the hospital was broken and old, the cost of transportation to the hospital is expensive (eg Pontianak, Singkawang PP Rp. 300 thousand)	5 (25%)

Sources: Primary data are processed (2019)

Table 3 shows that the factors suspected to affect distress psychology of health care workers in RSJ West Kalimantan, among others coping with stress, support boss, coworker support, role overload, role conflict, and others (a place to stay away, the road to the house sick damaged and long travel time, as well as the expensive transport costs). The fifth factor which will then be examined in this study, as well as the absence of health promotion programs related to job stress management in West Kalimantan Province RSJ environment. Some efforts at the hospitals tend to be technical, the training of human resources focused on improving the quality of services such as training BTCLS

(Basic Trauma Cardiac Life Support), training of nursing management, financial management training, motivational training and effective communication training. While the recreational activities enjoyed only by the level of manajerian (structural, functional officials) (Interview with Coordinator of Employment RSJ West Kalimantan Province, March 16, 2019).

Based on the explanation above is important to identify factors associated with psychological distress on health workers RSJ West Kalimantan because of its impact on the quality of mental health services, especially health promotion programs related stress management does not exist. This statement is reinforced by the advice of Siau, et al that it is important for the hospital authorities and health care policy makers to improve the psychological well-being for health workers(Siau et al., 2018), Bazazan, et al also noted the importance of understanding the factors associated with psychological distress to health care, not only implications for health promotion tersebutm group but also in improving the quality of health care services to patients(Bazazan et al., 2018), Hence, the title of the thesis is "The Relationship Between Coping with Stress, Support Tops, Support Colleagues, Role Overload And Role Conflict With Psychological Distress In Health Workers In Mental Hospital (RSJ) in West Kalimantan 2019"

METHOD

The method used in this research is explanatory research with cross sectional approach that researchers only observed phenomena at a certain time at the Mental Hospital (RSJ) in West Kalimantan. The population is all health workers in the province of West Kalimantan RSJ 2019 as many as 244 people with a total of 112 samples from 20% of the population and 118 samples were calculated proportionally to the sample used adal 118 samples. The inclusion criteria of the study sample is a health worker with the status of non-ASN and ASN, Willing to respondents and exclusion criteria are honorary and Has Power of chronic diseases (such as diabetes mellitus, hypertension, heart disease, etc.). Data were collected using questionnaires and interviews with asylum officers.

Data analysis using partial correlation test product moment correlation and multi-variate with multiple linear regression to determine the relationship between the dependent and independent variables simultaneously.

RESULTS AND DISCUSSION

This study was performed on 122 health workers in West Kalimantan RSJ 2019, obtained by proportional sampling. Characteristics of respondents by age, gender, education, marital status, employment department, length of employment, and employment status as follows:

Table 4 Characteristics of Respondents

characteristics	Frequency	%
Age		
20-30 Years	24	19.7
31-40 Years	38	31.1
40-50 Years	51	41.8
> 50 Years	9	7.4
Gender		
Man	42	34.4
woman	80	65.6
Education		
D1 / D3	94	77.0
S1	19	15.6
S1 & Profession	7	5.7
S2	2	1.6
Marital status		
Single	32	26.2
Married	90	73.8
Department of Labor		
Physician / Pharmacist / Psychologist	7	5.7
Nurse	109	89.3
power Physiotherapy	1	0.8
power Nutrition	1	0.8
Pharmacy personnel	3	2.5
Power Medical Records	1	0.8
Workers Health Analysis	2	1.6
power Rontgen	1	0.8
Social worker	1	0.8

Length of working		
≤3 years	9	7.4
Over 3 Years	113	92.6
Employment status		
ASN	103	84.4
Non-ASN	19	15.6

Sources: Primary data are processed (2019)

The above table shows that the majority of survey respondents aged 40-50 years (41.8%), female (65.6%), education D3 (77%), married (73.8%), working as a nurse (89.3%) and has a service life of more than three years (92.6%). In addition, the majority of respondents working with the ASN status (84.4%).

Relations between Stress Coping with Psychological Distress

The first hypothesis test was rejected because the value of chi-square = 0.036, or $p = 0.849$ ($p\text{-value} > 0.05$). This shows not related stress coping with psychological distress on health workers RSJ West Kalimantan Province. Low or high stress coping not associated with a low or high psychological distress

The results of this study do not support the notion of Lazarus, et al stated that one of the objectives of coping is to minimize the stressors. This result is also not in accordance with the opinion of Harnish, et al that coping effectively able to eliminate, minimize or shorten stressors (Ogden, 2004),

The results of this study are not consistent with the findings of Kitao et al disclose stress coping as predictors of psychological distress health workers (Kitao et al., 2018), The results of this study are also inconsistent with the findings of Morimoto, et al disclose stress coping psychological distress associated with health care providers. Coping appraising acceptability (ACA) improves stress coping orientation relationship associated with psychological distress health workers(Morimoto, Shimada and Tanaka, 2015),

The relationship between the boss with Distress Psychological Support

The second hypothesis test is accepted as the value of chi-square = 4.691 or value of $p = 0.030$ ($p < 0.05$). This demonstrates superior support associated with psychological distress on health workers RSJ West Kalimantan Province. The relationship between the support boss with psychological distress are negative, which means that the lower the supervisor support the higher psychological distress, or conversely the higher the boss, the lower support psychological distress.

Support boss associated with psychological distress because of attitudes and behavior of superiors often be one stressor for subordinates(Ogden, 2004), Social support allows individuals to change their identity or role in accordance with the demands of stressors by comparing themselves to others(Ogden, 2004),

The results of this study support the notion Mohl, et al found a significant relationship between high support with low levels of distress boss employee (Baker et al., 1992), The results also support findings Finne, et al. That the support of superiors reduce the risk of psychological distress(Finne, Christensen and Knardahl, 2014),

The relationship between the Support Partners with Psychological Distress

The third hypothesis test is accepted as the value of chi-square = 6.400, or $p = 0.011$ ($p < 0.05$). It shows the support of colleagues associated with psychological distress on health workers RSJ West Kalimantan Province. The relationship between peer support with psychological distress are negative, which means that the lower the coworker support the higher psychological distress, or conversely the higher the support of colleagues, the lower psychological distress.

Support colleagues associated with psychological distress because of the attitude and behavior of co-workers often become one stressor in the workplace. Support co-workers is an important source of support employees in service organizations (Nilgun, 2017), The results support the findings Geldart, et al that work anxiety and depression reduced when employees feel their high coworker support(Geldart et al., 2018),

In this study, low support co-workers along with high psychological distress. The majority of respondents believe there is support in the form of a co-worker for help fixing the monthly reports and daily tasks, improve collaboration, providing support as willing to be a sharing and caring attitude. However, it was only given by co-workers who are in one room, while the co-workers who are in a different space between subordinate relationships tend to be less familiar.

The relationship between the distress Psychology Role Overload

The fourth hypothesis test is accepted as the value of chi-square = 17.455 or value of $p = 0.000$ ($p < 0.05$). This shows the role overload associated with psychological distress on health workers RSJ West Kalimantan Province. The relationship between role overload with psychological distress is positive, which means that the lower the lower the role overload psychological distress, or conversely the high role overload, the higher psychological distress role overload associated with psychological distress, because the workload makes people feel physically and psychologically, which in turn cause inconvenience to the working conditions. This is because when the excessive work load, imposing individual ability so stressful. The results support the findings of Abbas & Roger that role overload effect on psychological distress (Abbas and Roger, 2013),

The relationship between the Role Conflict with Psychological Distress

The fifth hypothesis test is accepted as the value of chi-square = 9.634, or $p = 0.002$ ($p < 0.05$). This shows the role conflict associated with psychological distress on health workers RSJ West Kalimantan Province. The relationship between role conflict with psychological distress is positive, which means that the lower the lower the role conflict, psychological distress, or conversely the higher role conflict, the higher psychological distress.

Role conflict associated with psychological distress because it is a high risk factor of psychological distress. Individuals who experience role conflict have two times greater risk for psychological distress (Finne, Christensen and Knardahl, 2014), Some of the conditions that led to the emergence of role conflict include office and family issues simultaneously, as well as the amount of work to be done when certain times such as accreditation or work plan creation time. However, in this study the majority of respondents felt that role conflict is low, because the incidence of conflict. In addition, the many roles faced by health workers also occur at certain moments like when the process of accreditation.

Relationship between Coping Stress, Support Tops, Support Colleagues, Role Overload, and Role Conflict with Psychological Distress in Health Workers in Mental Hospital West Kalimantan

The sixth hypothesis test is accepted as the value of chi-square = 169.095 or $p = 0.000$ ($p < 0.05$). This shows the stress coping, support supervisor, co-worker support, role overload, role conflict and psychological distress associated with health care workers in RSJ West Kalimantan Province. the influence of stress coping, support supervisor, co-worker support, role overload, role conflict and psychological distress associated with health care workers in the province of West Kalimantan RSJ of 24.1%. Thus, there are other factors that influence the psychological distress of health care workers in the province of West Kalimantan RSJ outside the model studied by 75.9%

CONCLUSION

Coping with stress not associated with psychological distress on health workers RSJ West Kalimantan Province. Support supervisor and coworker support is negatively related to psychological distress, while the role overload and role conflict positively associated with psychological distress on health workers RSJ West Kalimantan Province coping with stress, Supervisor support, peer support, role overload, role conflict and psychological distress associated with health care workers in RSJ West Kalimantan Province. Coping with stress, supervisor support, peer support, role overload, role conflict and psychological distress associated with health care workers in the province of West Kalimantan RSJ of 24.1%.

BIBLIOGRAPHY

Abbas, SG and Roger, A. (2013) 'The Impact of Work Overload and Coping Mechanisms on Different Dimensions of Stress among University Teachers', *De Boeck Supérieur*, 3 (8), pp. 93-118.

- Baker, GA et al. (1992) 'The Work Environment Scale: a comparison of British and North American nurses', *Journal of Advanced Nursing*, 17, pp. 692-698. doi: 10.1111 / j.1365-2648.1992.tb01966.x.
- Bazazan, A. et al. (2018) 'Relationships between dimensions of fatigue and psychological distress among public hospital nurses', *Health Promotion Perspectives*, 8 (3), pp. 195-199. doi: 10.15171 / hpp.2018.26.
- Finne, LB, Christensen, JO and Knardahl, S. (2014) 'Psychological and Social Work Factors as Predictors of Mental Distress: A Prospective Study', 9 (7), pp. 1-12. doi: 10.1371 / journal.pone.0102514.
- Geldart, S. et al. (2018) 'Workplace incivility, psychological distress, and the protective effect of co-worker support', *International Journal of Workplace Health Management*, 11 (2), pp. 96-110. doi: 10.1108 / IJWHM-07-2017-0051.
- Kitao, M. et al. (2018) 'Associated Factors of Psychological Distress among Japanese NICU Nurses in Supporting Bereaved Families Who Have Lost Children', *Kobe Journal of Medicine Science*, 64 (1), pp. 11-19.
- Melano, RKS (2018) Wow, Patient Psychiatric Hospital in Kalbar Reaches 5 thousand people, *Pontianak Tribune*, Monday, April 16th.
- Morimoto, H., Shimada, H. and Tanaka, H. (2015) 'Coping orientation and psychological distress in healthcare professionals: The utility of appraising', *The Japanese Psychological Association*, 57 (4), pp. 300-312. doi: 10.1111 / jpr.12090.
- Nilgun (2017) 'The Relationship Between Supports Coworker, Quality of Work Life and Wellbeing: An Empirical Study of Hotel Employee', *International Journal of Management Economics and Business*, 13 (3), pp. 577-590.
- Ogden, J. (2004) *Health Psychology A Textbook*. Third. USA: Open University Press.
- Siau, CS et al. (2018) 'Predicting Burnout and Psychological Distress Risks of Hospital Healthcare Workers', *Malaysian Journal of Public Health Medicine*, 1, pp. 125-136.
- WHO (2018) *Mental Health Atlas 2017 Profile Indonesia Member State*.