

Perilaku spiritual keluarga dalam merawat anggota keluarga dengan halusinasi, A grounded theory study = Families spiritual behaviors in caring for hallucinated family member: A grounded theory study

Heni Dwi Windarwati, author

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Abstrak

Perilaku spiritual memainkan peran penting dalam strategi koping bagi keluarga dalam merawat anggota keluarga dengan halusinasi. Penelitian ini bertujuan untuk menghasilkan teori tentang perilaku spiritual keluarga dalam merawat anggota keluarga dengan halusinasi. Desain penelitian yang digunakan yaitu a grounded theory study dengan teknik pengambilan sampel purposive sampling. Partisipan adalah 10 keluarga yang berperan sebagai caregiver utama dalam merawat anggota keluarga dengan halusinasi. Wawancara mendalam digunakan dalam pengumpulan data dengan bentuk pertanyaan semi terstruktur. Hasil wawancara direkam menggunakan tape recorder, kemudian dilakukan transkrip verbatim dan dianalisis dengan menggunakan metode Speziale dan Carpenter (2003). Etika penelitian diperhatikan dengan menghormati prinsip beneficence, confidentiality, protection from discomfort, dan sukarela. Keabsahan data dijamin dengan memenuhi prinsip reliabilitas, validitas internal, validitas eksternal, dan construct validity. Penelitian menghasilkan teori perilaku spiritual keluarga yang terdiri dari tiga elemen utama yaitu input, proses dan output. Elemen input terdiri atas stimulus fokal yaitu klien dengan halusinasi; stimulus kontekstual yaitu latar belakang budaya, intensitas stresor, jumlah stresor, pencapaian tujuan perawatan dan alasan merawat; serta stimulus residual yaitu persepsi keluarga tentang penyakit dan keyakinan diri. Elemen proses terdiri atas empat perilaku spiritual, respon dan makna perilaku spiritual. Empat tahapan perilaku spiritual meliputi reframing, seeking information, seeking solution dan passive appraisal. Respon perilaku spiritual terdiri atas evaluasi diri, perubahan sikap dan persepsi manfaat obat. Makna perilaku spiritual yang teridentifikasi meliputi perubahan sikap, harapan positif, introspeksi diri, rasionalisasi, dan adanya sumber pendukung. Elemen output menghasilkan lima kemampuan keluarga dalam merawat anggota keluarga di rumah yaitu pemanfaatan sumber pendukung, peran dalam merawat, mengenali gejala, memberi perawatan di rumah, dan penggunaan strategi dalam merawat. Penelitian ini menyimpulkan bahwa teori yang dihasilkan dalam penelitian ini menyediakan pengetahuan tentang perilaku spiritual keluarga yang dapat digunakan dalam membangun a research based practice.

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Spiritual behavior plays a significant role in coping strategy for a family whose member suffering from hallucination. The purpose of this study was to build a theory of families spiritual behavior when caring for hallucinated family member. A grounded theory study using a purposive sampling method was employed to this study. Ten families whose hallucinated family member that considered as the main care givers participated in this study. The data were gathered through an in-depth interview technique using a semi structured questionnaires. The interview was taped recorded than verbatim transcribed and analyzed using the Speziale and Carpenter methods (2003). The participant were carefully protected under the ethical principles of beneficence, confidentiality, protection from discomfort and voluntary. The data validity was confirmed with the principles of reliability, internal validity, external validity and construct validity. A theory of spiritual behavior was revealed from this study. The theory had three main elements; input,

process, and output. The input element consisted of focal stimulus, namely the client and hallucination; the contextual stimulus, cultural background, stressor intensity, a quantity of stressor, nursing goals achievement, and the reason to care; residual stimulus (family's perception on the diseases and self confidence). The element process included of four stages of spiritual behaviors, and the response and the meaning of the spiritual behaviors. The four stages of spiritual behaviors were namely reframing, seeking information, seeking solution, and passive appraisal. Moreover, the spiritual behaviours comprised of self evaluation, change of attitude, and perception of medical efficacy. It was also identified that the meaning of spiritual validation, and the existence of support system. At last, the output element generated 5 family's capabilities in taking care of the hallucinated family member such as the care at home, and using strategies in caring. It is concluded that the theory developed from this study provides knowledge of the family's spiritual behaviours that is able to be applied in a research based practice.