

Strategi Koping dan Faktor Terkait Distres pada Pasien Tumor Metastasis Spinal di RSUPN Cipto Mangunkusumo = Coping Strategies and Distress Related Factors in Patients with Metastatic Spinal Tumor at Cipto Mangunkusumo General Hospital

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Abstrak

Spinal merupakan tempat metastasis tumor terbanyak, menyebabkan defisit neurologis akibat kompresi saraf spinal, berpotensi distres sehingga mengakibatkan rendahnya kualitas hidup. Kerentanan terhadap distres dipengaruhi strategi koping. Penelitian potong lintang untuk mengetahui strategi koping dan faktor terkait distres pada pasien tumor metastasis spinal di RSCM. Sebanyak 104 subjek diambil dari rawat jalan maupun rawat inap. Analisis bivariat dan multivariat menilai hubungan antara gambaran masalah, strategi koping, faktor sosiodemografi, serta karakteristik tumor spinal dengan distres. Proporsi distres subjek penelitian ini adalah 57,7% masalah terbanyak spesifik tumor spinal (87,5%), namun hubungannya tidak bermakna terhadap distres. Hubungan bermakna ditemukan pada masalah keluarga dan masalah emosional. Strategi religious-focused coping paling sering digunakan. Subjek yang mengalami distres memiliki median total skor problem-focused coping (PFC) lebih rendah, emotional-focused coping (EFC) dan avoidance coping lebih tinggi dibandingkan dengan yang tidak mengalami distres. Hubungan bermakna juga ditemukan pada faktor usia dan karakteristik tumor spinal berupa gangguan motorik, sensorik, otonom, dan status pengobatan. Gangguan sensorik berisiko lebih tinggi terjadi distres dibandingkan defisit neurologis lain. Analisis multivariat menunjukkan strategi EFC dan avoidance coping sebagai faktor risiko. Perlunya dilakukan skrining dan pendampingan psikiatri pada pasien tumor metastasis spinal, serta peningkatan kerja sama psikiatri dengan layanan tumor terpadu.

.....Spinal is the most site of tumor metastases, causing neurological deficits due to spinal nerve compression, potentially causing distress resulting in low quality of life. Vulnerability to distress is influenced by coping strategies. A cross-sectional study to determine coping strategies and factors related to stress in patients with spinal metastatic tumors in RSCM. A total of 104 subjects were taken from outpatient and inpatient. Bivariate and multivariate analyzes assessed the relationship between problem description, coping strategies, sociodemographic factors, and characteristics of spinal tumors with distress. The proportion of the subject's distress in this study was 57.7%, the most problems were spinal tumor-specific (87.5%), but the relationship was not significant to distress. Significant relationships were found in family problems and emotional problems. Religious-focused coping strategies are most often used. Subjects who experienced distress had a lower median total score of problem-focused coping (PFC), emotional-focused coping (EFC) and higher avoidance coping than those who did not experience distress. A significant relationship was also found in the age factor and spinal tumor characteristics in the form of motor, sensory, autonomic disorders, and treatment status. Sensory disturbances are at a higher risk of developing distress than other neurologic deficits. Multivariate analysis showed EFC strategy and avoidance coping as risk factors. The need for screening and psychiatric assistance in spinal metastatic tumor patients, as well as increasing the cooperation of psychiatry with integrated tumor services