

# The Role of Coping Strategies on Quality of Life among People with Schizophrenia Spectrum Disorders in Jakarta

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## *Abstract*

Purpose: to measure the effect of coping strategies to quality of life in people with schizophrenia spectrum disorders. Method: there are 58 outpatients participate in this research (male = 40, female = 18). Data were collected with accidental sampling method. The quality of life was measured with Self-Report Quality of Life for People with Schizophrenia (SQLS) by Wilkinson, et al. (2000). The coping strategies were measured with Brief COPE Inventory by Carver, et al. (1997). Result it is indicated that coping strategies contribute 11.8% of quality of life. Implication of the result is discussed in relation to improving quality of life in people with schizophrenia.

**Keywords:** Quality of Life, Coping Strategies, Schizophrenia Spectrum Disorders

## Introduction

People with schizophrenia spectrum disorder (SZD) experience considerable internal stress because they need adjust their life to the symptoms that they have, such as: distinguishing between hallucinations and real life. In addition, SZD also have to face external pressures that occur in everyday life such as stigma, negative communication patterns, discrimination and stigma from the surrounding. Therefore, both stressors that ODS face are personal and also interpersonal (Philips, Francey, Edward, McMurray, 2009) can affect the quality of life of ODS.

According to the World Health Organization (WHO) quality of life is an individual's subjective perception of living conditions, namely health, psychological conditions, social relations, and the environment. Wilkinson et.al (2000) stated that there are three important aspects in determining quality of life in people with SZD: psychosocial, motivation and energy, as well as symptoms and its side effects. In general people with schizophrenic disorders have a lower quality of life compared with the general population (Akvardar et al., 2006; Law et al., 2005; Ritsner et al., 2000). This quality of life will increase if the ODS is taught how to handle the situation properly or known as coping strategies (i.e. active coping,

acceptance, humor, etc). Previous studies show that the quality of life people with SZD is influenced by coping strategies. Galuppi, Turola, Nanni, Mazzoni, Grassi (2010) found that the quality of life of SZD patients would improve as their master in using coping strategies. As noted by Holubova, Prasko, Hruba, Kamaradova, Ociskova, Latalova, Grambal (2015) coping strategies are positively correlated with the quality of life of remission ODS.

Based on the explanation above, it can be concluded that coping strategies have a relationship with quality of life. The aim of this research is to continue the previous research by examining the contribution of coping strategies in outpatients that have variety of schizophrenia spectrum disorders.

## Method

### Participants

Respondents in this study consisted of 58 people (40 men and 18 women) with schizophrenia spectrum disorders with age range 18-51 years. Respondents were determined using accidental sampling techniques.

## Measures

Data collection used in this study are by distributing questionnaires directly and online. Participants were asked to fill out informed consent and personal data related to demographic data and questionnaires. There are two scales used in this study, namely Self-report Quality of Life for people<sup>10</sup> with

Schizophrenia (SQLS)(Wilkinson et al., 2000) dan Brief COPE Inventory (Carver, Scheier, & Weintraub, 1989; Carver, 1997).

## **Result**

### **Uji Validitas dan Reliabilitas**

Result of the validity test using the Statistical Package for Social Science (SPSS) program version 22.0 on Self-Reporting Quality of Life for People with Schizophrenia (SQLS) consisting of 30 items showed that score range for validity between .355 to

.822, with item number 15 is invalid with a validity of .190. Furthermore, Brief COPE measurement with 28 items has validity that range between .289 and .676 with 9 items are invalid (items 11, 12, 19, 20, 23, 24, 25, 26 and 28). Reliability testing is performed after invalid items are discarded. The SQLS measuring instrument has reliability .926 and the COPE Brief measurement tool has a reliability of .818.

### **Correlational Analysis**

**Table 1. Correlation between different type of coping strategies and quality of life of people with SZD**

Dimensi	1	2	3	4	5	6	7	8	9	
1.Quality of Life										
2.Active Coping		.462**								
3.Planning		.284*	.675**							
4.Positive Reframing		.462**	.479**	.522**						
5.Acceptance		.522**	.592**	.412**	.602*					
6.Humor		.000	.022	.001	.016	.284*				
7.Emotional Support		.296*	.354**	.296*	.514**	.452*	.230			
8.Instrumental Support	.128	.312*	.233	.361**	.321*	.033	.710**			
9.Self-Distraction		.274*	.368**	.363**	.472**	.441**	.152	.421**	.423**	
10.Venting		.360**	-.025	.027	-.269*	-.107	.188	.156	.213	.095

\*p < .05; \*\*p < .01

## Regeression Analysis

Based on the regression test results yields that coping strategies contribute to quality of life for people with SZD with the proportion of 11.8%, ( $R^2 = .118$ ,  $F(1, 56) = 7.524$ ,  $p <.01$ ). Thus, it can be said that coping strategies are significant with quality of life ( $\beta = .344$ ,  $p <.05$ ).

**Table 2. Regression analysis- role of coping strategies on quality of life for people with SZD**

Variabel	R2	B
Coping strategies	.118	.344
Correlation is significant at the 0.01		

## Discussion

The purpose of this study is to examine the role of different coping strategies that contribute to quality of life of outpatient people with SZD. The revealed that there is a significant positive relationship between variables which means that the more outpatient with SZD master the coping strategies the better their life quality. In line with previous study conducted by Holubova and his colleagues (2015), which states that quality of life and coping strategies have strong relationships. Moreover, the results of statistical calculations find that coping strategies have an influence on quality of life, with around 11.8% and the rest of it determined by other factors. The results of previous studies conducted by Caron,

Lecomte, Stip, Renaud (2005) also found that coping only had access to 7% of the quality of life variants.

The contribution of coping strategies are not the only factors that determine a person's quality of life, especially people with schizophrenia spectrum disorders. There are many factors that influence the quality of life of individuals, where based on Distress / Protection Model of HRQL proposed by Ritsner et.al (2000), coping strategies are one of the many factors that influence the quality of life of people with schizophrenia spectrum disorders.

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