

Penerapan Acceptance Commitment Therapy dan Family Psychoeducation pada Klien dengan Ansietas dan Ketidakefektifan Koping dengan Pendekatan Model Adaptasi Roy di Rumah Sakit Umum = Application of Acceptance Commitment Therapy and Family Psychoeducation to Clients with Anxiety and Ineffective Coping using the Roy Adaptation Model Approach in General Hospitals.

Ida Ayu Trisnadewi, author

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Abstrak

Pendahuluan : Kesehatan jiwa merupakan komponen integral dari kesehatan dan kesejahteraan yang mendasari kemampuan individu untuk mengambil keputusan, membangun hubungan, dan membentuk dunia ditempat yang ditinggali. Rawat inap dan penyakit kronis meningkatkan level distres psikologis yang dialami klien terutama ansietas dan ketidakefektifan koping. Ansietas dan ketidakefektifan koping berdampak negatif pada diri klien diantaranya dapat memperburuk kondisi medisnya, kualitas hidup menurun, meningkatnya penggunaan dan biaya layanan kesehatan serta penurunan kepatuhan pengobatan.

Tujuan : Memberikan gambaran hasil penerapan acceptance commitment therapy dan family psychoeducation pada klien ansietas dan ketidakefektifan koping menggunakan pendekatan model adaptasi Roy di Rumah Sakit Umum. Hasil : Terdapat penurunan tanda gejala ansietas dan ketidakefektifan koping setelah diberikan acceptance commitment therapy dan family psychoeducation. Selain itu terdapat peningkatan kemampuan individu dan keluarga dalam mengatasi masalah ansietas dan ketidakefektifan koping. Kesimpulan : Acceptance Commitment Therapy dan Family Psychoeducation dengan pendekatan model adaptasi Roy direkomendasikan untuk diberikan pada klien dengan ansietas dan ketidakefektifan koping.

.....Introduction: Mental health is an integral component of health and well-being that underlies an individual's ability to make decisions, build relationships, and shape the world in which they live. Hospitalization and chronic illness increase the level of psychological distress experienced by clients, especially anxiety and ineffective coping. Anxiety and ineffective coping have a negative impact on clients, including worsening medical conditions, decreasing quality of life, increasing use and costs of health services and decreasing medication compliance. Objective: To provide an overview of the results of applying acceptance commitment therapy and family psychoeducation to clients with anxiety and ineffective coping using the Roy adaptation model approach at a General Hospital. Results: There was a decrease in signs of anxiety symptoms and ineffective coping after being given acceptance commitment therapy and family psychoeducation. Apart from that, there is an increase in the ability of individuals and families to overcome anxiety problems and ineffective coping. Conclusion: Acceptance Commitment Therapy and Family Psychoeducation with the Roy adaptation model approach are recommended for clients with anxiety and ineffective coping.