

IR - PERPUSTAKAAN UNIVERSITAS AIRLANGGA

TESIS

**ANALISIS *STRES* DAN *COPING* TERHADAP PERILAKU
PENGOBATAN PENDERITA TUBERKULOSIS PARU BARU BTA
POSITIF DI KOTA SURABAYA**



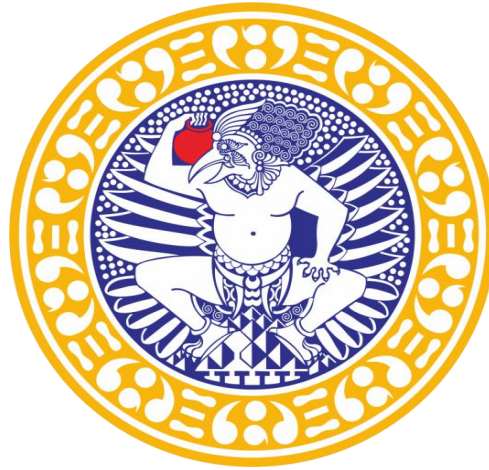
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PROGRAM MAGISTER
PROGRAM STUDI KESEHATAN MASYARAKAT
SURABAYA
2020**

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**ANALISIS STRES DAN COPING TERHADAP PERILAKU
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POSITIF DI KOTA SURABAYA**

TESIS

**Untuk memperoleh gelar Magister Kesehatan Masyarakat (M.Kes)
Minat Studi Promosi Kesehatan Dan Ilmu Perilaku
Program Studi Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat
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**UNIVERSITAS AIRLANGGA
FAKULTAS KESEHATAN MASYARAKAT
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PROGRAM STUDI KESEHATAN MASYARAKAT
SURABAYA
2020**

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**Dipertahankan di depan Tim Penguji Tesis
Minat Studi Promosi Kesehatan dan Ilmu Perilaku
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Fakultas Kesehatan Masyarakat Universitas Airlangga
Dan diterima untuk memenuhi persyaratan guna memperoleh gelar
Magister Kesehatan Masyarakat (M.Kes)
pada tanggal 08 Januari 2020**

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3. Dr. Rachmah Indawati, SKM., MKM
4. Rosita Dwi Yuliandari, SKM., M. Epid

PERSETUJUAN

TESIS

**Diajukan sebagai salah satu syarat untuk memperoleh gelar
Magister Kesehatan Masyarakat (M.Kes)
Minat Studi Promosi Kesehatan dan Ilmu Perilaku
Program Studi Kesehatan Masyarakat
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PERNYATAAN TENTANG ORISINALITAS

Yang bertanda tangan di bawah ini, saya:

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Ronald Epifanius Mbulu

KATA PENGANTAR

Puji syukur kehadirat tuhan yang maha kuasa atas karunia dan berkatnya penyusunan Tesis dengan judul **Analisis Stres dan Coping terhadap Perilaku Pengobatan Penderita Tuberkulosis Paru Baru BTA Positif di Kota Surabaya** ini dapat terselesaikan.

Tesis ini berisikan tentang *primary appraisal* meliputi *perceived susceptibility*, *perceived severity*, *motivational relevance*, dan *causal focus*, *secondary appraisal* meliputi *perceived control over outcome*, *perceived control over emotoni*, dan *self efficacy*, *coping effort* meliputi *emotional regulation* dan *problem management*, *dispotional coping style*, *social support*, dan perilaku pengobatan pada penderita Tuberkulosis Paru.

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8. Teman – teman Program Studi Kesehatan Masyarakat S2 Fakultas Kesehatan Masyarakat Universitas Airlangga
9. Seluruh staf administrasi pada Program Studi Kesehatan Masyarakat S2 Fakultas Kesehatan Masyarakat Universitas Airlangga

Demikian, semoga tesis ini bisa memberikan manfaat bagi diri kami sendiri dan pihak lain yang menggunakan.

Surabaya, 08 Januari 2020

Penulis

SUMMARY

Analysis of Stress and Coping of the Treatment Behavior of New Pulmonary Tuberculosis Patients with BTA Positive in Surabaya City

The transactional theory of stress and coping illustrates the complexity of stress, its handling and its impact on psychological and health behaviors. Stress occurs because the relationship between the individual and the environment is evaluated by someone as demand in dealing with a dangerous and health-threatening situation and requires an appraisal (judgment) that can be used in determining how much stress is experienced. Appraisal consists of primary appraisal (perceived susceptibility, perceived severity, motivational relevance, and causal focus) to evaluate the influence that might arise from the demands of existing resources on stress and secondary appraisal (perceived control over outcomes, perceived control over emotions, and self-efficacy) as an assessment to determine the type of coping that can be done.

Prolonged stress can cause illness and impact on one's health behavior so coping mechanisms are needed. The coping mechanism can be done by way of problem management and emotional regulation. In addition to active coping mechanisms, to reduce stress are supported by meaning-based coping (positive reappraisal, revised goals, spiritual beliefs, and positive events) and moderator (dispositional coping style and social support). The purpose of this study was to evaluate the effect of stress and coping on the behavior of new BTA positive pulmonary tuberculosis treatment at the Surabaya City Health Center.

This research was an observational analytic study with cross-sectional design. The study was conducted in 13 (thirteen) large Health Center in the city of Surabaya which had the most positive BTA positive pulmonary tuberculosis sufferers, namely Perak Timur Health Center, Manukan Kulon Health Center, Dr. Soetomo Health Center, Pacar Keling Health Center, Sawah Pulo Health Center, Wonokusumo Health Center, Rangkah Health Center, Morokrembangan Health Center, Kenjeran Health Center, Kalijudan Health Center, Putat Jaya Health Center, Sidosermo Health Center, Dukuh Kupang Health Center, Sawahan Health Center and Asemrowo Health Center. Samples were taken from patients with smear positive pulmonary tuberculosis new still undergoing treatment amounted to 142 respondents were obtained by simple random sampling technique. Data analysis was performed using multiple logistic regression.

The results of the analysis showed that the primary appraisal variable on management problems found only the causal focus variable ($p = 0.001$) affected the problem management. The primary appraisal variable on emotional regulation found that there was an influence between perceived susceptibility ($p = 0.011$) on emotional regulation. Secondary appraisal variables are perceived control over outcome variables that only affect the problem management and perceived control over emotion ($p = 0.001$) and self-efficacy ($p = 0.002$) which affect the emotional regulation. The only coping effort variable was emotional regulation ($p = 0.049$) which affected treatment behavior while the meaning-based coping variable was an only spiritual belief ($p = 0.047$) and revised goal ($p = 0.046$) which affected treatment behavior. In dispositional coping style and social support there are no variables that influence treatment behavior, dispositional coping style variables

affect the problem management ($p = 0,000$), emotional regulation ($p = 0,000$), perceived control over outcome ($p = 0,000$), perceived control over emotion ($p = 0,001$), self efficacy ($p = 0,000$), positive reappraisal ($p = 0,000$), spiritual belief ($p = 0,000$), revised goals ($p = 0,000$) and positive events ($p = 0,000$) . While social support variables influence positive reappraisal ($p = 0,038$) and spiritual belief ($p = 0,001$). The conclusion of this study is that perceived susceptibility, perceived control over emotion, and self-influence affect emotional regulation while causal focus and perceived control over outcome affect problems management. Problems management, spiritual beliefs, and revised goals affect treatment behavior, while dispositional coping style and social support do not affect treatment behavior. Dispositional coping style affects perceived control over outcome, perceived control over emotion, and self-efficacy while social support does not affect perceived control over outcome, perceived control over emotion, and self-efficacy. Dispositional coping style influences positive reappraisal, spiritual belief, revised goals, and positive events while social support influences positive reappraisal and spiritual belief. Dispositional coping style affects problem management and emotional regulation while social support does not affect problem management and emotional regulation. Meaning-based coping (positive reappraisal, spiritual belief, revised goals, and positive events) does not affect problem management, and there are positive reappraisal and revised goals affecting emotional regulation.

The suggestion can be given from this research is empower communities to establish and develop a caring citizen of tuberculosis like to invite lung TB patients to check into a health facility and not to discriminate with pulmonary tuberculosis in terms of health care, education, and employment

RINGKASAN

Analisis *Stres* dan *Coping* terhadap Perilaku Pengobatan Penderita Tuberkulosis Paru Baru BTA Positif di Kota Surabaya

Teori *Transtactional of stress and coping* menggambarkan kompleksitas stres, penanganan dan dampaknya terhadap psikologis dan perilaku kesehatan. Stres terjadi karena hubungan antara individu dengan lingkungan yang dievaluasi oleh seseorang sebagai tuntutan dalam menghadapi situasi yang membahayakan dan mengancam kesehatan serta membutuhkan *appraisal* (penilaian) yang dapat digunakan dalam menentukan seberapa besar stres yang dialami. *Appraisal* terdiri dari *primary appraisal* (*perceived susceptibility, perceived severity, motivational relevance*, dan *causal focus*) untuk mengevaluasi pengaruh yang mungkin timbul dari adanya tuntutan sumber daya yang ada terhadap stres dan *secondary appraisal* (*perceived control over outcomes, perceived control over emotions*, dan *self efficacy*) sebagai penilaian untuk menentukan jenis *coping* yang dapat dilakukan.

Stres yang berkepanjangan dapat menimbulkan penyakit dan berdampak terhadap perilaku kesehatan seseorang sehingga dibutuhkan mekanisme coping. Mekanisme coping dapat dilakukan dengan cara *problem management* dan *emotional regulation*. Selain melakukan mekanisme coping aktif, untuk menurunkan stres didukung dengan *meaning based coping* (*positive reappraisal, revised goals, spiritual beliefs* dan *positive events*) dan moderator (*dispositional coping style* dan *social support*). Tujuan dari penelitian ini adalah mengevaluasi pengaruh *stress* dan *coping* terhadap perilaku pengobatan Tuberkulosis paru baru BTA positif di Puskesmas Kota Surabaya.

Penelitian ini merupakan penelitian *analitik observational* dengan desain *cross sectional*. Penelitian dilakukan di 13 (tiga belas) besar Puskesmas di Kota Surabaya yang mempunyai penderita tuberkulosis paru baru BTA positif terbanyak yaitu Puskesmas Perak Timur, Puskesmas Manukan Kulon, Puskesmas Dr. Soetomo, Puskesmas Pacar Keling, Puskesmas Sawah Pulo, Puskesmas Wonokusumo, Puskesmas Rangkah, Puskesmas Morokrengan, Puskesmas Kenjeran, Puskesmas Kalijudan, Puskesmas Putat Jaya, Puskesmas Sidosermo, Puskesmas Dukuh Kupang, Puskesmas Sawahan dan Puskesmas Asemrowo. Sampel penelitian ini adalah penderita tuberkulosis paru baru BTA positif yang masih menjalani pengobatan berjumlah 142 responden yang didapatkan dengan teknik *simple random sampling*. Analisis data dilakukan dengan menggunakan regresi logistik berganda. Hasil analisis menunjukkan bahwa variabel *primary appraisal* terhadap *problem management* didapatkan hanya variabel *causal focus* ($p= 0,001$) berpengaruh terhadap *problem management*. Variabel *primary appraisal* terhadap *emotional regulation* didapatkan ada pengaruh antara *perceived susceptibility* ($p= 0,011$) terhadap *emotional regulation*. Variabel *secondary appraisal* terdapat variabel *perceived control over outcome* yang hanya berpengaruh terhadap *problem management* dan *perceived control over emotion* ($p= 0,001$) dan *self efficacy* ($p= 0,002$) yang berpengaruh terhadap *emotional regulation*. Variabel *coping effort* hanya *emotional regulation* ($p= 0,049$) yang berpengaruh terhadap perilaku pengobatan sedangkan variabel *meaning based coping* hanya *spiritual belief* ($p= 0,047$) dan *revised goal* ($p= 0,046$) yang

berpengaruh terhadap perilaku pengobatan. Pada *dispositional coping style* dan *social support* tidak ada variabel yang berpengaruh terhadap perilaku pengobatan, variabel *dispositional coping style* berpengaruh terhadap *problem management* ($p=0,000$), *emotional regulation* ($p=0,000$), *perceived control over outcome* ($p=0,000$), *perceived control over emotion* ($p=0,001$), *self efficacy* ($p=0,000$), *positive reappraisal* ($p=0,000$), *spiritual belief* ($p=0,000$), *revised goals* ($p=0,000$) dan *positive events* ($p=0,000$). Sedangkan variabel *social support* berpengaruh terhadap *positive reappraisal* ($p=0,038$) dan *spiritual belief* ($p=0,001$). Kesimpulan penelitian ini yaitu *perceived susceptibility*, *perceived control over emotion*, dan *self efficacy* mempengaruhi *emotional regulation* sedangkan *causal focus* dan *perceived control over outcome* mempengaruhi *problem management*. *Problem management*, *spiritual belief*, dan *revised goal* mempengaruhi perilaku pengobatan, sedangkan *dispositional coping style* dan *social support* tidak mempengaruhi perilaku pengobatan. *Dispositional coping style* mempengaruhi *perceived control over outcome*, *perceived control over emotion*, dan *self efficacy* sedangkan *social support* tidak mempengaruhi *perceived control over outcome*, *perceived control over emotion*, dan *self efficacy*. *Dispositional coping style* mempengaruhi *positive reappraisal*, *spiritual belief*, *revised goals*, dan *positive event* sedangkan *social support* mempengaruhi *positive reappraisal* dan *spiritual belief*. *Dispositional coping style* mempengaruhi *problem management* dan *emotional regulation* sedangkan *social support* tidak mempengaruhi *problem management* dan *emotional regulation*. *Meaning based coping* (*positive reappraisal*, *spiritual belief*, *revised goal*, dan *positive event*) tidak ada yang mempengaruhi *problem management*, dan terdapat *positive reappraisal* dan *revised goal* mempengaruhi *emotional regulation*.

. Saran yang bisa diberikan dari penelitian ini adalah Melakukan pemberdayaan masyarakat dengan membentuk dan mengembangkan warga peduli tuberkulosis seperti mengajak penderita TB Paru untuk memeriksakan diri ke fasilitas kesehatan dan tidak mendiskriminasikan penderita TB Paru dari segi pelayanan kesehatan, pendidikan, dan pekerjaan.

ABSTRACT

**ANALYSIS OF STRESS AND COPING OF THE TREATMENT
BEHAVIOR OF NEW PULMONARY TUBERCULOSIS PATIENTS WITH
BTA POSITIVE IN SURABAYA CITY**

Pulmonary tuberculosis is still a global health problem and tends to increase every year and is still a priority for prevention in health programs. Pulmonary tuberculosis disease has a very big impact on the lives of sufferers both physically, economically, socially, and psychologically so that the patient affects the treatment behavior.

The purpose of this study was to analyze the effect of stress and coping on the treatment behavior of new BTA positive pulmonary tuberculosis in the city of Surabaya by using the theoretical approach of Transactional of Stress and Coping. This study was an observational analytic study with a cross-sectional design conducted in 13 (thirteen) Health Center in Surabaya with the highest number of positive smear pulmonary tuberculosis sufferers. The sampling technique used simple random sampling and found 142 respondents. Data analysis used multiple logistic regression.

The results of the analysis showed that the primary appraisal variable on problem management found only the causal focus variable ($p = 0.001$) affected the problem management. The primary appraisal variable on emotional regulation found that there was an influence between perceived susceptibility ($p = 0.011$) on emotional regulation. Secondary appraisal variables are perceived control over outcome variables that only affect the problem management and perceived control over emotion ($p = 0.001$) and self-efficacy ($p = 0.002$) which affect the emotional regulation. The only coping effort variable was emotional regulation ($p = 0.049$) which affected treatment behavior while the meaning-based coping variable was the only spiritual belief ($p = 0.047$) and revised goal ($p = 0.046$) which affected treatment behavior. In dispositional coping style and social support there are no variables that influence treatment behavior, dispositional coping style variables affect problem management ($p = 0,000$), emotional regulation ($p = 0,000$), perceived control over outcome ($p = 0,000$), perceived control over emotion ($p = 0.001$), self efficacy ($p = 0,000$), positive reappraisal ($p = 0,000$), spiritual belief ($p = 0,000$), revised goals ($p = 0,000$) and positive events ($p = 0,000$). While social support variables influence positive reappraisal ($p = 0.038$) and spiritual belief ($p = 0.001$). The conclusion in this study is that perceived susceptibility, perceived control over emotion, and self-efficacy affect emotional regulation while causal focus and perceived control over outcome affect problem management. Problems management, spiritual beliefs, and revised goals affect treatment behavior, while dispositional coping style and social support do not affect treatment behavior. Dispositional coping style affects perceived control over outcome, perceived control over emotion, and self-efficacy while social support does not affect perceived control over outcome, perceived control over emotion, and self-efficacy. Dispositional coping style influences positive reappraisal, spiritual belief, revised goals, and positive events while social support influences positive reappraisal and spiritual belief. Dispositional coping style affects problem management and emotional regulation while social support does

not affect problem management and emotional regulation. Meaning-based coping (positive reappraisal, spiritual belief, revised goals, and positive events) does not affect problem management, and there are positive reappraisal and revised goals affecting emotional regulation.

Suggestions in this research are to empower the community by forming and developing tuberculosis care citizens such as inviting people with pulmonary tuberculosis to go to a health facility and not discriminating against people with pulmonary tuberculosis in terms of health, education and employment services.

Keywords: *Pulmonary Tuberculosis, Stress, Coping, Behavior*