

DOI: 10.15642/acce.v3i

**THE ASSISTANCE OF CHRONIC DISEASE PATIENTS THROUGH SCREENING  
AND COUNSELING IN IMPROVING MEDICAL RESILIENCE  
AT NUR HAYATI RSU GARUT**

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**Abstract:** *This community service aim to improve medical resilience through screening and counseling services for chronically ill patients at RSU Nur Hayati Garut. There were 150 patients with chronic disease who participated in this assistance, stroke (21 patients or 14%), diabetes mellitus (30 patients or 20%), hypertension (33 patients or 22%), chronic kidney failure (15 or 10%), cancer (24 patients or 16%), and heart failure (27 patients or 18%). The result is at the level of resilience, 130 patients (87%) have very high resilience, and 20 patients (13%) have a high level of resilience. The resilience items selected by the most patients strongly agree, found in two characteristics, which are existential aloneness, 112 patients (75%), and meaningfulness characteristics, 120 patients (80%). The conclusion is community health-based community service activities with patient assistance through periodic screening and counseling media have significant impact on medical resilience in chronic disease patients who are undergoing therapy.*

**Keywords:** *Patients Assistance, Screening, Counseling, Medical Resilience, Chronic Disease.*



## INTRODUCTION

Community service is an activity that aims to help certain communities in several activities without expecting any form of reward. In general, this program is designed by various universities or institutes in Indonesia to make a real contribution to Indonesian nation, especially in developing the welfare and progress of the nation. Community service activities are one part of Higher Education Tri Dharma.

The community service activities are in the form of social services, teaching, training and so on. Its aims are creating technological innovations to encourage Indonesia's economic development by commercializing research results; provide solutions based on academic studies of the needs, challenges, or problems faced by the community, either directly or indirectly; carry out activities that are able to eradicate marginalized people (preferential option for the poor) at all strata, which are people who are excluded economically, politically, socially, and culturally; and transfer technology, science, and art to the community for the development of human dignity and the preservation of natural resources.<sup>1</sup> In order to develop community service activities more productively, more structured and with better quality results, coaching and mentoring for chronic disease patients at RSU Nur Hayati Garut in the context of increasing medical resilience through screening and counseling services is held.

Patients with chronic illness are thought to be prone to emotional problems because chronic stress is associated with dietary and time restrictions related to chronic illness and the side effects of medication. Therapy takes place on average twice a week, metabolic problems, as well as economic and work problems as a result of dependence on therapy or medication can threaten psychological integrity and cause various emotional problems such as rejection, anger, guilt, sadness, fear of death and so on. this contributes to decreased emotional well-being.

Patients with chronic disease experience long-term adjustment to chronic disease and therapeutic treatments. Patients with chronic diseases and their families experience challenges due to living with chronic diseases. Patients with chronic illness are faced with demands and stresses from themselves and their families, such as changes in roles and relationships in the family, threats to work or education, feelings of guilt and worthlessness, dependence on medical staff, loss of freedom, and the understanding that without therapy, the patient will suffer from depression. predictable impact is death. Physical problems and emotional distress experienced by patients with chronic diseases have the potential to reduce the level of positive affect and life satisfaction, and tend to increase the level of negative affect, and ultimately have an impact on the disruption of the emotional well-being function. The occurrence of stressful life events such as chronic illness is a condition that contributes to decreased levels of emotional well-being.<sup>2</sup>

The emotional well-being of patients with chronic diseases can return to the pre-diagnosis level gradually, the process of emotional recovery is determined by various factors, including time issues, internal factors (such as characteristics, personality), and external factors (such as the quality of interpersonal relationships, social support). Explicitly, various

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<sup>1</sup> Minister of Research, Technology, and Higher Education. 2016. Panduan Pelaksanaan Penelitian dan Pengabdian Masyarakat di Perguruan Tinggi Edisi X Tahun 2016. p. 4

<sup>2</sup> Lent, R. W. (2007). Restoring emotional well-being: A theoretical model. Dalam M. Feuerstein (Ed.), Handbook of cancer survivorship (pp. 231-247). New York: Springer.

studies report predictors contributing to subjective emotional well-being including resilience,<sup>3</sup> social interaction and social support,<sup>4</sup> and health status.<sup>5</sup>

Patients with chronic illness have experienced in reduced physical health, emotional well-being can be beneficial because reflecting on positive emotions can lead to a more positive understanding of chronic illness and feeling the benefits of therapy. A number of studies have reported the importance of emotional well-being for chronic disease patients, such as patients who undergoing therapy.

The protective effect of well-being on survival in patients with chronic disease, and well-being is related to better physical health in patients with chronic disease. Emotional well-being of chronic disease patients undergoing therapy is not necessarily felt, but it is determined by various factors. This study was conducted to find factors that contribute to the emotional well-being of chronic disease patients. Researchers focused on three factors, which are resilience, positive social relationships, and health belief. The first factor is resilience, in the context of medical diagnosis, resilience is defined as the ability to maintain a level of well-being, immediately return to the pre-diagnosis level.<sup>6</sup> The normative level of well-being is not only the avoidance of clinical levels of depression and anxiety, but the capacity to experience positive affective states. Individuals who have a resilient response to stressful life events can experience negative psychological effects, but well-being tends to return to pre-event levels more quickly than individuals who do not have a resilient response.

Chronic disease patients who have a better quality of life describe themselves as being resilient to living with therapy. The second factor is positive social relationships which show the quality of positive relationships between individuals and their families and social groups. Relationships with other individuals have a role in everyday life, generally provide emotional satisfaction, and well-being is a desired consequence of an interaction or social support. Individuals who receive social support are able to increase the effect on subjective well being, namely positive and optimistic self-esteem, intimacy, relationships with partners, family, friends with good quality are strong predictors of life satisfaction.<sup>7</sup> Positive relationships with family and family support can help patients create positive adjustments during the chronic stage of therapy.<sup>8</sup>

The third factor is health belief, which is an individual's belief or perception about the threat of disease, including the vulnerability and severity of a disease, the benefits and burdens/obstacles of an action, the ability to act which is influenced by behavioral instructions.<sup>9</sup> Chronic disease studies report that well-being and mental health are related to

<sup>3</sup> Windle, G., Woods, R., & Markland, D. (2008). The effect of psychological resilience on the relationship between chronic illness and subjective wellbeing. *The Gerontologist*, suppl. 61st Annual Scientific Meeting "Resilience in an Aging.., 48, 179.

<sup>4</sup> Pinquart, M., & Sorensen, S. (2000). Influences of socioeconomic status, social network, and competence on subjective well-being in later life: A metaanalysis. *Psychology and Aging*, 15(2), 187-224

<sup>5</sup> Mroczek, D. K., & Spiro, A. (2005). Change in life satisfaction during adulthood: Findings from the Veterans affairs normative aging study. *Journal of Personality and Social Psychology*, 88(1), 189-202.

<sup>6</sup> Moskowitz, J. T. (2010). Positive affect at the onset of chronic illness planting the seeds of resilience. Dalam J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 465-483). New York: Guilford Press.

<sup>7</sup> Compton, W. C. (2005). *An introduction to positive psychology*. Belmont, CA: Thomson Wadsworth.

<sup>8</sup> Gutch, C. F., Stoner, M. H., & Corea, A. L. (1993). *Review of hemodialysis for nurses and dialysis personnel* (5th ed.). St. Louis: Mosby.

<sup>9</sup> Ayers, S., & de Visser, R. (2011). *Psychology for medicine*. London: Sage Publications.



cognitive representations of illness and medical care. When one experiences with a chronic disease, individual creates models and representations of the disease to understand and respond to the problems they have.<sup>10</sup> The existence of adequate health services, information about disease, and medical care can increase belief and a more positive understanding of chronic disease so that it can have an impact on well-being.

Referring to the description above that emotional well-being is beneficial for chronic disease patients who undergoing therapy. Referring to the literature review and study results that emotional well-being can be predicted through a resilient response to the experience of chronic kidney disease and hemodialysis treatment, positive social relationships with family and social, as well as health beliefs about chronic disease and therapeutic care.

Base on those reasons and background which mentioned above, which previously has conducted research with in-depth analysis, coaching and mentoring were held. This guidance and assistance is for patients with chronic diseases at RSU Nur Hayati Garut in order to increase medical resilience through screening and counseling services.

## METHOD

This community service is based on the implementation of University Community Engagement (UCE) based on public welfare and health. This guidance and assistance are specifically for patients with chronic diseases at RSU Nur Hayati Garut. In order to increase medical resilience through screening and counseling services. Because medical resilience is the main factor that can maintain the condition of patients with chronic diseases to remain positive, optimistic and able to adapt through coping mechanisms and strategies in undergoing therapy.

The accompaniment for patients with chronic diseases includes: stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer and heart failure. This assistance is based on research that has been conducted through a descriptive survey using the Resilience Scale (RS) questionnaire, in order to test the construct validity of the Connor-Davidson Resilience Scale (CD-RISC). Participants in the mentoring of chronically ill patients are patients who are undergoing therapy including medical rehabilitation, physiotherapy, cognitive and emotional therapy for stroke patients. Hemodialysis therapy for patients with renal failure. Chemotherapy surgery or radiation therapy for people with cancer.

There were 150 patients with chronic disease who participated in this study, including: stroke as many as 21 patients (14%), diabetes mellitus as many as 30 patients (20%), hypertension as many as 33 patients (22%), chronic kidney failure as many as 15 patients (10%), cancer in 24 patients (16%), and heart failure in 27 patients (18%).

The results of this assistance for chronically ill patients, after receiving screening and counseling services, concluded that at the level of resilience, there were 130 patients (87%) with very high resilience, and 20 patients (13%) with high resilience. The resilience items chosen by the most patients strongly agree, found in two characteristics, namely existential aloneness, on the statement item carrying out the therapist's actions well 112 patients (75%), and the meaningfulness characteristic of the item I feel grateful that I can still carry out therapeutic actions in the lives of 120 patients (80%), while the selected resilience item

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<sup>10</sup> Hagger, M. S., & Orbell, S. (2003). A meta-analytic review of the common-sense model of illness representations. *Psychology of Health*, 18, 141-184.

disagreed, namely the characteristics of perseverance on the item can go through difficult times because they have had previous therapy experience as many as 45 patients (30%).

Base on this research, the guidance and assistance provided specifically for patients with chronic diseases at RSU Nur Hayati Garut, in the context of increasing medical resilience through screening and counseling services.

## RESULT

Activities that carried out in this community service are providing coaching and mentoring programs for chronically ill patients at RSU Nur Hayati Garut in order to increase medical resilience through screening and counseling services.

### **Medical Resilience: Conceptualization and Its Application in Screening and Counseling Services for Chronic Disease Patients**

#### **Chronic Diseases: A Theoretical Study**

Chronic disease consists of two words, which are Disease and Chronic. Disease comes from the word sick which means feeling uncomfortable in the body or body part because of suffering from something (fever, stomach ache, etc.). While disease is a health disorder caused by bacteria, viruses, or abnormalities of the physiological system or tissue in the organs of living things.<sup>11</sup> In line with Kowalak, disease is a deviation from normal body functions resulting in malfunctions, which in some circumstances can be fatal. These deviations can occur due to genetic errors leading to congenital malformations, enzyme deficiencies or susceptibility to disease, trauma, or infection.<sup>12</sup>

Meanwhile, according to Corwin, disease is about the presence of a set of abnormal body responses to agents, in which humans have very limited tolerance or even no tolerance at all.<sup>13</sup> Thus, disease is a condition where there is a disturbance in the form or function of one part of the human body which causes the body to be unable to work normally.

Furthermore, in *Kamus Besar Bahasa Indonesia* (Indonesian Dictionary), chronic is contagious for a long time, chronic (about a disease that afflicts a person) that does not heal.<sup>14</sup> Thus, chronic is a disease suffered by a patient who has suffered for years and is not cured. This is in line with Adelman and Daly (2001) in their book entitled *20 Common Problems Geriatrics*, chronic diseases are: "Diseases that take a long time, don't occur suddenly or spontaneously, usually can't be cured completely. Chronic illness is closely related to disability and the onset of death". Chronic pain is any pain that lasts for a long time. It is usually caused by nerve or organ damage that does not heal and can be treated with some success with psychological intervention.<sup>15</sup>

Furthermore, according to Wong (1996), chronic disease is a condition that affects daily function for more than 3 months a year, which causes hospitalization for more than 1 month a year, or (at the time of diagnosis) tends to be hospitalized. Thus, chronic disease is a

<sup>11</sup> Departemen Pendidikan Nasional. (2005). *Kamus Besar Bahasa Indonesia*. Third Edition. Jakarta: Balai Pustaka.

<sup>12</sup> Kowalak, J.P. (2011). *Buku Ajar Patofisiologi*. Jakarta: EGC.

<sup>13</sup> Corwin, E.J. (2009). *Buku Saku Patofisiologi* (Edisi 3). Jakarta : EGC.

<sup>14</sup> Departemen Pendidikan Nasional. (2005). *Kamus Besar Bahasa Indonesia*. Third Edition. Jakarta: Balai Pustaka.

<sup>15</sup> Matsumoto, D. (2009). *The Cambridge Dictionary of Psychology*. New York: Cambridge University Press.



disease that takes a long time, usually cannot be cured completely, and generally healing cannot be carried out with the aim of only controlling and preventing complications.

There are various kinds of chronic diseases such as heart failure, thyroid cancer, cervical cancer, hepatitis, leukemia, tumors, diabetes, kidney failure, cervical cancer, ovarian cancer, HIV/AIDS, etc. However, here the author only discusses some of which are included in chronic diseases, which are: stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer and heart failure.

### **Theoretical Study of Medical Resilience**

Resilience is defined as an individual's ability to be successfully adapt in the face of stress or life difficulties, maintain or quickly return to well-being and homeostasis.<sup>16</sup> The resilience component consists of recovery, which refers to how well the individual rises and recovers from life's challenges, and sustainability refers to the capacity to move forward in the face of life's difficulties, and how well the individual maintains his health and psychological well-being in a dynamic and challenging environment.<sup>17</sup>

Positive social relationships are defined as interactions between individuals with one another in a social context by providing each other with emotional support, warmth, care, concern, empathy, advice, information and care so as to satisfy individual affective needs.<sup>18</sup> Two components of positive social relationships are included emotional intimacy, which refers to positive affective bonds by sharing personal knowledge and social support<sup>19</sup> and social support refers to the comfort, concern, self-esteem, or assistance that individuals receive from other individuals or groups.<sup>20</sup>

The Health Belief Model/HBM is used to predict various health-related behaviors, which are the result of a belief.<sup>21</sup> These beliefs are individual perceptions of susceptibility to disease, severity of illness, disadvantages of undergoing the behavior, benefits of undergoing the behavior, behavioral instructions, health motivation, and perceived control.<sup>22</sup>

Then referring to the description of the statement put forward (Connor & Davidson, 2003), there are five aspects contained in resilience which are also aspects of the CD-RISC (Connor-Davidson Resilience Scale) resilience scale, which are: personal competence; trust in one's instincts; positive acceptance of change and secure relationships; control and factors and spiritual influences, which will be explained as follows: First, Personal competence; high standard and tenacity This aspect explains the personal competence of individuals where individuals feel as people who are able to achieve goals even in situations of setbacks or

<sup>16</sup> Zautra, A. J., Hall, J. S., & Murray, K. (2010). Resilience: A new definition of health for people and communities. Dalam J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 3-29). New York: Guilford Press

<sup>17</sup> Windle, G., Woods, R., & Markland, D. (2008). The effect of psychological resilience on the relationship between chronic illness and subjective wellbeing. *The Gerontologist*, suppl. 61st Annual Scientific Meeting "Resilience in an Aging..", 48, 179.

<sup>18</sup> Compton, W. C. (2005). *An introduction to positive psychology*. Belmont, CA: Thomson Wadsworth.

<sup>19</sup> Marshall, T. C. (2005). *Emotional intimacy in romantic relationships: A comparison of European and Chinese Canadian students* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database.

<sup>20</sup> Sarafino, E. P. (1990). *Health psychology: Biopsychosocial interactions* (3rd ed.). New York: John Wiley & Sons.

<sup>21</sup> Ogden, J. (2000). *Health psychology: A textbook* (2nd ed.). Buckingham: Open University Press, 76

<sup>22</sup> Oishi, S., Diener, E., & Lucas, R. E. (2009). The optimum level of well-being: Can people be too happy?. In E. Diener (Ed.), *The science of well-being: The collected works of Ed Diener*. Social Indicators Research Series, 37. doi:10.1007/978-90-481-2350-6\_8

failures. Individuals when experiencing pressure or stress tend to feel doubtful that they will succeed in achieving goals so that high standards and tenacity are needed in the individual. Indicators in this aspect are being able to become competent individuals; able to be a tenacious individual; and have high standards.

Second, Trust in one's instincts; tolerance of negative affect; strengthening effect of stress This aspect relates to calmness in action. Individuals who are calm tend to be careful in taking a stand on the problems at hand. Individuals are also able to cope with stress quickly and stay focused on goals even though they are experiencing pressure or problems. The indicator in this aspect is trust in instinct; tolerant of the bad; and able to cope with the effects of stress.

Third, Positive acceptance of change and secure relationships. This aspect relates to the ability to accept difficulties positively and if you are in trouble being able to relate securely to others. Individuals show the ability to accept problems positively so that they do not affect the individual's social life with others. Indicators in this aspect are able to accept change positively and can maintain good relations with others.

Fourth, Control and factor. This aspect is the ability to control oneself and achieve goals. Individuals have control over themselves in achieving goals and have the ability to ask for and get social support from others when experiencing a problem. Indicators in this aspect are being able to control oneself; and also, able to control themselves.

Fifth, Spiritual influences This aspect relates to the ability to always fight because of his belief in God and destiny. Individuals who believe in God will assume that the problems that exist are destiny from God and must be passed with positive feelings so that individuals must continue to struggle in achieving their goals. The indicators in this aspect are that the individual believes in God and the individual believes in destiny.<sup>23</sup>

### **Screening and Counseling Services for Patients with Chronic Disease**

Screening is the application of a series of tests or procedures carried out to detect potential health problems or certain diseases in a person, in this case for patients with chronic diseases at RSU Nur Hayati Garut. The purpose of screening tests is early detection to reduce the risk of disease or decide on the most effective treatment method. This test does not fall into the diagnostic category, but is used to identify a population that is required to undergo additional tests to determine the presence or absence of disease.

Screening tests may be performed and considered if there is a high presence of disease with potentially serious consequences, the disease condition has a natural history of latent stage with no symptoms. Detection can be useful in increasing the likelihood of a favorable health outcome in terms of reducing the morbidity or mortality of a disease.

## **DISCUSSION**

### **Medical Screening for Patients with Chronic Diseases at RSU Nur Hayati Garut Screening Implementation**

Screening is a test procedure to determine the potential or health problems in chronically ill patients at RSU Nur Hayati Garut. Perform screening tests on patients with chronic diseases including: stroke, diabetes mellitus, hypertension, chronic kidney failure,

<sup>23</sup> Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76-82



cancer and heart failure to take samples of the disease for early prevention to improve the prognosis and therapy for those who have suffered.

Here are some conditions that can be used as a reference when someone can do a screening test: experiencing a serious health condition, aiming for a preclinical examination, there has been an appropriate and acceptable screening examination, there is useful follow-up treatment, facilities are available for examination and diagnosis, the patient has agreed to carry out the examination.

This screening test is publicly acceptable, simple, easy to implement, and has accurate and reliable results. In terms of diagnosis, stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer and heart failure can be treated with available treatments. Early treatment that is carried out by giving better results compared to treatment of patients who have symptoms of the disease they are suffering from

If necessary, there will be further screening examinations for patients with stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer and heart failure. The reason is that one-time screening is suspected to have limited results, because only a small percentage of those who are at risk are screened. Screening can take samples of people in the population who have recently been indicated for chronic diseases such as stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer or heart failure at a certain time to further examine the condition.

Follow-up examinations at specified intervals have a greater advantage, because they cover more at-risk populations, including people with chronic diseases such as stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer or heart failure who are also re-examined.

### **Types of Screening**

There are two types of screening that can be done to determine the potential or disease disorders in patients with chronic diseases at RSU Nur Hayati Garut, namely: First, Screening for Primary Prevention, medical history screening is a form of early detection for stroke, diabetes mellitus, hypertension, kidney failure. chronic disease, cancer and heart failure that have a large cost impact and become the focus of control, for example, type 2 diabetes mellitus and hypertension.

Second, screening for selective secondary prevention (chronic disease based on the results of medical history screening and detection of stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer and heart failure) is a form of early detection of disease.

### **The Way of Screening Works**

Health checks or screening for chronic disease patients at the Nur Hayati Garut General Hospital are carried out including blood tests, urine examinations, stool examinations, and blood pressure checks. If the doctor suspects that the patient has contracted a stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer and heart failure, a follow-up examination to confirm the diagnosis will be carried out.

For chronic disease patients at RSU Nur Hayati Garut who choose to be examined for the possibility of various types of diseases that often occur including stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer and heart failure. The examination can last for a full day. The doctor who has confirmed the diagnosis will discuss the results with the patient in a follow-up consultation.



### Screening Categories

This screening is a series of tests to determine the potential and health problems of chronic disease patients at RSU Nur Hayati Garut. Basically, screening has three categories of examinations that need to be known, which are: First, Suitable for Population Level Screening This test is performed when there is strong evidence that the screening is clinically effective and cost-effective to use for screening at the population level. Usually, this category only applies to the specified age range.

Second, it is suitable for Individual Level Decisions. This test is performed if the benefits provided do not outweigh the risk at the population level, but the test is useful for the population at high risk. In addition, it could also be due to some evidence that screening tests are effective, but their cost-effectiveness has not been evaluated or the ratio is unfavorable.

Third, it is not recommended to do. Screening tests are not recommended if there is insufficient evidence to make a decision regarding the usefulness of the test. In addition, there may also be strong evidence to suggest that the screening test is not effective, or that it would be detrimental if performed.

### Counseling as an Effort to Strengthen Medical Resilience

The concept of counseling comes from the word counsel which means giving advice, conducting discussions and exchanging opinions. Counseling in community service for chronic disease patients at RSU Nur Hayati Garut, which is an activity to meet and discuss chronic disease patients with the medical team as counselors by providing support and encouragement in such a way that patients gain confidence in their abilities in chronic disease problems. Patient counseling is an integral part and key element of health services, because in addition to compounding and dispensing activities, there must also be interaction between patients and other health workers to provide optimal health services.

This patient counseling service is a health service that has ethical responsibilities as well as legal medication to provide information and education on matters relating to chronic illness. Counseling activities can be provided on the direct initiative of the medical team considering the need for counseling because of the use of drugs by special use, drugs that require long-term therapy so it is necessary to ensure patient compliance with taking medication.

Counseling provided on the direct initiative of the medical team is called active counseling. In addition to active counseling, counseling can also occur if the patient comes to consult the medical team to get an explanation about everything related to drugs and medication, this form of counseling is called passive counseling.

### Aims and Benefits of Counseling

The general purpose of counseling is to increase the success of therapy, to maximize the effect of therapy, to minimize the risk of side effects, to increase cost-effectiveness, and to respect the patient's choice in carrying out therapy. While the specific goals are to increase the relationship of trust between the medical team and patients, show concern and concern for patients, help patients to regulate and get used to their drugs, help patients to manage and adjust to their illness, improve patient compliance in undergoing treatment.

In addition, counseling is expected to be able to prevent or minimize drug related problems, increase the patient's ability to solve his own problems in terms of therapy,



understand problems in decision making, and guide and educate patients in using drugs so that they can achieve treatment goals and improve the quality of patient treatment.

The benefits of counseling can be felt by the patient in order to: ensure the safety and effectiveness of treatment, get additional information about the disease, assist in treating or caring for their own health, assisting in solving therapeutic problems in certain situations, reducing drug use errors, increasing adherence in carrying out therapy, avoiding adverse drug reactions that unwanted, increasing the effectiveness and efficiency of healthcare costs.

The basic principle of counseling for chronic disease patients at RSU Nur Hayati Garut is the occurrence of a partnership or correlation between the patient and the medical team so that changes in patient behavior occur voluntarily. The approach of the medical team in counseling services has changed the approach model from the Medical Model approach to the Helping model approach. The medical model approach has characteristics: patients tend to be passive; the basis of trust is shown based on the image of the profession, identify problems and determine solutions, patients depend on health workers and the relationship is like a father-daughter.

While the helping model approach has the following characteristics: patients are actively involved, trust is based on personal relationships that develop over time, explores all problems and chooses ways to solve problems, patients develop self-confidence to solve problems and have an equal relationship (like friends).

### **Counseling Target**

The provision of counseling to chronic disease patients at RSU Nur Hayati Garut is intended for both outpatients and inpatients. Counseling can be provided to patients directly or through intermediaries. The intermediary referred to here is the patient's family, patient companion, patient nurse, or anyone who is responsible for patient care. Counseling through intermediaries is given if the patient is unable to recognize drugs and their therapy, pediatric patients, geriatric patients.

While the provision of counseling for patients with chronic disease at RSU Nur Hayati Garut which is classified as outpatient can be given when the patient is being treated at RSU Nur Hayati Garut. This activity can be done over the counter at the time of drug delivery and is more effective when done in a special room provided for counseling. The choice of the place of counseling depends on the needs and the level of confidentiality / complexity of the things that need to be counseled to the patient.

### **Supporting facilities**

In carrying out counseling activities, several facilities are needed to support activities. The facilities needed depend on the number of services, the capacity of the activities, and the targets to be achieved. Supporting facilities consist of: room or place of counseling aids.

First, room or place for counseling. To carry out effective counseling activities, counseling should not be carried out only at the counter at the time of drug delivery, but in a special room for counseling. The room provided for counseling should meet the following criteria: 1. Closed and not many people go in and out, so that patient privacy is maintained and patients are more free to ask everything about treatment. 2. There are sufficient tables and chairs for the medical team and patients. 3. There is sufficient lighting and good air circulation. 4. The location of the counseling room is not too far from the drug retrieval place (pharmacy).

Second, counseling aids. In order to make the consultation to be more effective there are several tools that can be used. The tools used consist of equipment needed by the medical team as counselors in conducting counseling and aids provided to patients.

Equipment for the medical team in carrying out counseling: 1. Counseling guide, containing a check list to remind the medical team of important counseling points. 2. Patient Card, containing patient identification and patient visit records 3. Supporting literature 4. Brochures on certain drugs, giving patients the opportunity to read again if they forget. 5. Props, can use audiovisual, pictures, posters, or preparations containing a placebo. 6. Communication tool to remind patients to get continued treatment

Assistive devices given to patients: Reminder aids for patients to take medication are usually needed in the treatment of chronic diseases that require long-term therapy and require adherence to their use. For example: use of analgesics for cancer pain, use of antiretroviral drugs, stroke therapy, diabetes, etc. The tools provided are: 1. Treatment reminder card, this card is given by the medical team to the patient to monitor the patient's drug use. Patients can put a mark on the card every day according to the dose they receive. The card contains the patient's name, the name of the drug, the time of taking the drug, the date the patient must take the drug again. 2. Labeling, some patients need help to read the label of treatment instructions contained in the medicine. 3. Medication chart, in the form of a time chart for taking medication. Usually made for patients with complex treatment regimens or patients who have difficulty understanding treatment regimens. 4. Pill dispenser, will help patients to remember the schedule of taking medication and avoid forgetting if the patient travels far from home. The pill dispenser container can be used for daily or weekly supplies. 5. Packaging of drug use per unit dose, packaging of drug per unit dose requires expensive equipment. Can be implemented if the treatment regimen is standardized and it is a government program.

### **Construction of Medical Resilience through Screening and Counseling**

Referring to medical resilience using the theory of Connor and Davidson, which includes: First, personal competence; high standard and tenacity. This aspect is seen in chronic disease patients at RSU Nur Hayati Garut who have personal competence who feel as patients who can accept reality even though they are suffering from chronic pain. Patients who when experiencing pressure or stress tend to doubt that they will succeed in therapy so that high standards and tenacity are needed in the individual. This patient has indicators of being able to become a competent individual; able to be a tenacious individual; and have high standards.

Second, trust in one's instincts; tolerance of negative affect; strengthening effect of stress. Chronic disease patients at RSU Nur Hayati Garut have calm in their actions and tend to be careful in taking a stance on the problems they face when suffering from chronic diseases and undergoing therapy. So that they are able to cope with stress quickly and stay focused on healing even though they are experiencing pain. The indicator is that chronic disease patients at RSU Nur Hayati Garut have faith in instincts; tolerant of the bad; and able to cope with the effects of stress.

Third, positive acceptance of change and secure relationships. Chronic disease patients at RSU Nur Hayati Garut have the ability to accept difficulties positively and if they are in trouble, they are able to have safe relationships with others. The patient is able to demonstrate the ability to accept the problem positively so that it does not affect the



individual's social life with others. The indicator is shown by being able to accept change positively and being able to maintain good relations with others.

Fourth, control and factors. Chronic disease patients at RSU Nur Hayati Garut will have the ability to control themselves and achieve hope of recovery, and have the ability to ask for and get social support from others when they are sick. The indicators appear in the ability to control oneself; able to control themselves.

Fifth, Spiritual influences. Chronic disease patients at RSU Nur Hayati Garut have the ability to always fight because of their belief in God and destiny. Patients who believe in God will assume that the illness they suffer is a destiny from God and must be passed with positive feelings so that individuals must continue to struggle in therapy and healing efforts. Indications are shown in believing in God and destiny.

### **Reflection on Community Service through Coaching**

Evaluation in this community service activity should be carried out continuously and sustainably. In addition, support from various parties, especially the government, is highly expected for the development of community service programs towards a practical setting for patients with chronic diseases.

Follow-up program to develop community service activities more productively and developed in various hospitals. There is structuring in coaching and mentoring activities for chronic disease patients. From this community service program, it is hoped that there will be development, starting from enrichment of screening and counseling, adding more varied methods, and using supportive media. This is an effort to optimize the implementation of community service activities for chronic disease patients. In addition, the expansion of the network to collaborate in improving community service programs.

## **CONCLUSION**

This Community Service is based on the implementation of University Community Engagement (UCE) based on public welfare and health. This guidance and assistance is specifically for patients with chronic diseases at RSU Nur Hayati Garut. In order to increase medical resilience through screening and counseling services. Because medical resilience is the main factor that can maintain the condition of patients with chronic diseases to remain positive, optimistic and able to adapt through coping mechanisms and strategies in undergoing therapy.

The assistance for patients with chronic diseases includes: stroke, diabetes mellitus, hypertension, chronic kidney failure, cancer and heart failure. This assistance is based on research that has been conducted through a descriptive survey using the Resilience Scale (RS) questionnaire, to test the construct validity of the Connor-Davidson Resilience Scale (CD-RISC) scale. Participants in the mentoring of chronically ill patients are patients who are undergoing therapy including medical rehabilitation, physiotherapy, cognitive and emotional therapy for stroke patients. Hemodialysis therapy for patients with renal failure. Chemotherapy surgery or radiation therapy for people with cancer.

There were 150 patients with chronic disease who participated in this assistance, including: stroke as many as 21 patients (14%), diabetes mellitus as many as 30 patients (20%), hypertension as many as 33 patients (22%), chronic kidney failure as many as 15 patients (10%), cancer in 24 patients (16%), and heart failure in 27 patients (18%).

The results of this assistance for chronically ill patients, after receiving screening and counseling services, concluded that at the level of resilience, there were 130 patients (87%)

with very high resilience, and 20 patients (13%) with high resilience. The resilience items chosen by the most patients strongly agree, found in two characteristics, which are existential aloneness, on the statement item carrying out the therapist's actions well 112 patients (75%), and the meaningfulness characteristic of the item I feel grateful that I can still carry out therapeutic actions in the lives of 120 patients (80%), while the selected resilience item disagreed, that are the characteristics of perseverance on the item can go through difficult times because they have had previous therapy experience as many as 45 patients (30%). It can be concluded that community health-based community service activities with patient assistance through periodic screening and counseling media have a significant impact on medical resilience in chronic disease patients who are undergoing therapy

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