



## **The Effect of Providing Cognitive Support (Information) on Coping Congestive Heart Failure Patients**

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### **Abstract**

Coping is the way it is done individual in finish problem, adjust self with change, response to threatening situation. Behavior coping formed through change method thinking (cognitive), change behavior or purposeful environment For resolve the stress faced. Behavior coping is also formed through the process of learning, remembering and relaxing. Learn here is ability adapt self (adaptation) to influences internal and external factors.

Cognitive is acquisition, arrangement and use encompassing knowledge every related mental behavior with understanding, consideration, processing information, solving problems, gaps and beliefs. Cognitive support (Information) is information or announcement or news. Function information that is as material standard For take decisions, where everyone is in every moment will take right decision need information that is relevant, useful, appropriate, and correct.

Change formation cognitive generally started with changes in wishes and information. That information newly acquired somebody can happen change in his thinking. This something beginning For understand deed cognitive.

**Keywords :** *Coping, Support Cognitive, Failed Heart Congestive*

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## 1. INTRODUCTION

Coping as an individual process try manage existing distance between originating demands from individual and environment with source their power use in face stressful situations (Cohen & Lazarus, 1983). Behavior coping adaptive required by the patient *congestive heart failure* For lower circumstances tension, energy released, and directed straight to healing. On the contrary behavior coping maladaptive result imbalance function physiology and psychology, response mind and body will increase endeavor For return balance. Patient *congestive heart failure* show coping maladaptive like difficulty maintain oxygenation adequate, so tend restless and anxious Because difficult breathe. Symptom This tend worse at night day, restlessness and anxiety happen consequence disturbance oxygenation tissue, stress due to difficulty breathing and heart No works with good. So happen anxious, dyspnoea also occurs, which makes things worse anxiety (Hudak, 1997; Smeltzer, 2001; Smet, 1994).

Reason from No adaptive behavior coping patient *congestive heart failure* is : lack information to disease and pattern alive, no obey recommended therapy, such as No capable carry out therapy treatment with right, breaking restrictions diet, no obey follow carry on medical, do activity Excessive physical and not can recognize symptom recurrence. That thing will impact on emergence problem psychological, sociological and financial as well as burden physiological patient will become more serious. Body organs naturally will broken. Attack repeated can causes pulmonary fibrosis, liver cirrhosis, enlargement spleen and kidneys, and even damage brain consequence lack oxygen during an acute episode. So that patient often return to clinic and home Sick consequence recurrence fail heart (Smeltzer, 2001).

One current effort this can done is giving information. With give educate patients and involve them in implementation of therapy programs will repair Work equality and obedience. Patient guided For in a way gradually to style life





and activities before Sick as early as maybe. Activity activity life every day must planned for minimize period apnea and fatigue. Various adjustment habits, work, and interpersonal relationships must done. Every generating activity symptom must avoided or done adaptation. Patient must helped For identify emotional stress and explore it ways For solve it, also understand that fail heart can controlled, guarded stable weight, limiting sodium intake, prevention infection, avoid material dangerous such as coffee and tobacco (Smeltzer, 2001).

Congestive heart failure which includes definition, etiology, pathophysiology, manifestations clinical, classification and management. Cognitive which includes definition, formation cognitive, influencing factors cognitive and improve cognitive. Coping that includes definition, formation coping, influencing factors coping and improving coping.

Fail heart congestive or congestive heart failure is inability heart for pump adequate blood for fulfil need network will oxygen and nutrients (Smeltzer, 2001).

Abnormality muscle heart fail heart most often occurs in patients abnormality muscle heart, cause decreasing contractility heart. Underlying conditions reason abnormality function muscle covers atherosclerosis coronary heart disease, arterial hypertension, and disease muscle degenerative or inflammation (Smletzer, 2001).

Hypertension systemic or pulmonary ( increased *afterload* ). This thing increase burden Work heart and results hypertrophy fiber muscle heart. Effect (hypertrophy myocardium) is considered as mechanism compensation Because will result contractility heart. But For no reason clear, hypertrophy muscle heart earlier No can works normally, and finally happen fail heart (Smletzer, 2001).

Frequency heart is function system nerve autonomus. When bulk heart reduced, nervous system sympathetic will speed up frequency heart for maintain bulk heart. When mechanism compensation This fail For maintain perfusion





adequate tissue, then stroke volume the heart must do it adapt self For maintain bulk heart.

But failed heart with problem main damage and stiffness fiber muscle heart, stroke volume reduced and bulky the heart is still normal can maintained (Smletzer, 2001).

Stroke volume. Amount blood pumped in each contraction depends on three factors, namely : preload, contractility, afterload ( Smletzer, 2001).

Preload synonyms with Starling's Law at the heart of the statement that amount filling blood heart compare direct with pressure exerted by its length strain fiber heart (Smletzer, 2001).

Contractility refers to change strength contractions that occur at the level cells and connections with change long fiber heart and levels calcium (Smletzer, 2001).

Afterload refers to its magnitude pressure the ventricle must generated For pump blood oppose difference pressure generated by pressure arterioles (Smletzer, 2001).

Manifestation clinical depends Lots factor including : etiology abnormality heart, age, weight or In short, it happens in a way sudden or slowly, which ventricles become originator (Noer, 1999).

Signs and symptoms fail heart reflect degrees damage myocardium and capabilities as well as big response compensation, including : dyspnea, oliguria, weakness, fatigue, pallor and weight gain. On auscultation there is crackles wet, sound heart third (consequences dilatation heart and inflexibility ventricle time charging fast). On the electrocardiogram there is tachycardia. And on the chest radiogram there is cardiomegaly, pulmonary venous congestion, redistribution vascular to lobe above (Price, 1994).

## 2. RESEARCH METHODS





Type study experimental and design study pre-experiment (One-Group Pratest -Posttest Design), namely something group before charged treatment certain given a pre-test, after treatment another post-test was held for know consequence from treatment (Nursalam, 2003). Study carried out in the Cardiology Room Tadjuddin Hospital Chalid Makassar and will be held in September 2022. Includes all congestive heart failure patient in the Cardiology Room at Tadjuddin Hospital Where is Chalid Makassar? all patient fulfil criteria inclusion. Congestive heart failure patients who are willing become respondent, type sex male and female, minimum age 20 years, experiencing congestive heart failure Killip class II to IV, with complications nor without complications. Study This using consecutive sampling (sequential), namely election sample with put eligible subjects criteria study entered in study until period time certain (Sastroasmoro & Ismail, 1995).

Non parametric statistical tests are used is Wilcoxon Sign Rank Test for know variable independent and dependent with level significance  $p < 0.05$ . Furthermore compared to coping before and after given information . Objective from test analysis above is for know significance influence providing cognitive support (information) to coping in congestive heart failure patients, analysis This using SPSS 12 PS.

### 3. RESULTS AND DISCUSSION

#### A. Results

##### 1) Identification Coping Congestive Heart Failure Patients

Results obtained from calculation with using the Wilcoxon sign rank test on the mean (average) for pre test = 19.96, p This showed in the pre test coping congestive heart failure patients resulted is maladaptive ( with scoring : 1 – 30). Meanwhile in the post test = 55.74, p This showed on the post test coping congestive heart failure patients resulted is adaptive ( with rating : 31 – 60).





## 2) Influence Providing Cognitive Support ( information ) to Coping in Congestive Heart Failure Patients

Results obtained from calculation using the Wilcoxon sign rank test is  $z = -4.210a$  and  $p = 0.000$  ( $p < 0.05$ ), so  $H_0$  is rejected. It means there is influence providing cognitive support (information) to coping congestive heart failure patients.

### B. Discussion

#### 1. Identification Coping Congestive Heart Failure Patients

##### a. Pre-test

Based on results study with using the Wilcoxon sign rank test in the pre-test obtained maladaptive coping due to not enough information.

That coping maladaptive congestive heart failure patients with information No adequate will tend restless, anxious Because difficult breathe. Patient worried No capable rest enough and stressful result vasoconstriction, pressure arteries increases, pulsation heart fast. Discomfort experienced is manifestation from stress. The stress experienced will give influence big on downturn response immune, p This Robert Ader (1885) proved that sufferers who experience it shaking soul will easy attacked disease, due to conditions stress will happen emphasis system immune (Smeltzer, 2001).

On type sex women (esp melancholy) has maladaptive coping so that more prone to to disease (Putra, 2003).

Selye (1956) introduced theory of “ syndrome stress ” and said that syndrome This arise as response to all the stimuli that result stress. Response body to the resulting stimulus stress happen in three stages called general adaptation syndrome: 1) Stage reaction





warning, that is effect Activation system nerve autonomy and existence decline resistance body to stress. If stressed beginning to weight, organism can dead on stage this. 2) Stage resistance. Pituitary Keep going secretes ACTH for stimulate adrenal cortex for secrete glucocorticoids, which is important For resistance to stress. Resistance to special stress increases and then response will lost. Many diseases are related with stress arise in stages this . Possible relate with effect from hormone inhibitory glucocorticoids formation antibodies and lowering formation cell blood white. 3) Stage fatigue. If special stress the Keep going continuing, ability body For hold it and to avoid another stress in the end will failed (Niven, 2000).

b. Post test

Based on results study with calculation using the Wilcoxon sign rank test in the post test obtained adaptive coping.

Based on theory that in patients with congestive heart failure with coping adaptive will give comfort physical, avoid likely situation cause anxiety, agitation can help patient For relax (Smelzer, 2001).

If mechanism coping successful, then will can adapt to change that. Mechanism coping can studied since beginning emergence stressors and realizing impact. Ability coping individual depends from temperament, perception, cognition, setting behind culture and norms where he is raised. Mechanism coping formed through the process of learning and remembering. Study is ability adapt self (adaptation) to influences internal and external factors. Coping adaptive occupy place central to resilience body and power stand rejection to disturbance, attack disease nature physical,





psychological, social and spiritual. Attention coping with illness light and heavy (Nursalam, 2003).

Lipowski share coping be : 1) Coping style: mechanism adaptation individual covers psychological, cognitive, and perceptual. The nature of the coping style reduces meaning the concept adopted, eg rejection or varying denials that do not realistic or severe (psychotic) up to level very light. 2) Coping strategy is coping used in a way conscious and focused in overcome Sick or the stressors he faced. Formed through a process of learning and relaxation. If individual have mechanism effective coping in face stressor, then stressor No will give rise to resulting stress pain (disease), but stressor precisely become a stimulant that brings wellness and achievement (Putra, 2003).

Strategy coping in overcome and reduce stress namely : 1) Strategy solution problem. 2) Try For let go and put down something in perspective (actually). 3) Maintain problems with yourself yourself. 4) Engage self Alone in work and work more hard in longer time. 5) Accept work What exist and try to get the job done the No sad you. 6) Strategy passive. Category coping used individual in cope stress namely : coping that focuses on emotions (changing feelings) and problem focused coping (solving source stress) (Abraham, 1997).

## 2. Influence Analysis Providing Cognitive Support (information) to Coping Congestive Heart Failure Patients

Based on results study with calculation using the Wilcoxon sign rank test that there is significant influence between providing cognitive support (information) to coping in congestive heart failure patients.





This thing in accordance with oriented theories cognitive, that theory the focuses on central processes (for example: attitudes or behavior, ideas, expectations) for explained Act in demand or behavior coping. According to theories consistency cognitive, that theory cognitive stems from a position general, that is that cognition (information and awareness) which is not consistent with other cognitions give rise to circumstances mechanism coping psychology is not fun and circumstances This encourage people to acting up practice to achieve it consistency between cognition cognition that, that will gives rise to a feeling of joy ( Sarwono, 1995).

Use information For form description cognitive from pain, for introduce patient that anxiety involve response physiological like palm hand sweating, increasing pulse heart, muscles tense, and interpretation meaning response, if patient can taught use signs physiological anxiety as signs For use technique coping, experience anxiety can reduced (Niven, 2000).

Information newly acquired someone, can happen changes in his thinking. Information the same new can cause huge change different in similar cognition. Information new cause change in desire individual . Change desire individuals and their information each other related. If people gain desire new, them encouraged look for information new For know more Lots about something problem, yes arise desire new so that will push they For know more Lots again (Smet, 1994).

On education someone who is getting high, then will easy accept information so that the more there is also a lot of knowledge. On the contrary low education will hinder development attitude somebody to new value introduced (Nursalam, 2003).

#### 4. CONCLUSION





In the pre-test coping congestive heart failure patients show maladaptive coping. Meanwhile in the post test coping congestive heart failure patients show adaptive coping.

There is significant influence on providing cognitive support (information) to coping in congestive heart failure patients. That is There is difference coping in a way statistics before and after given information, increasingly adequate information provided so the more Good or adaptive coping that will formed.

## 5. COMPLIANCE WITH ETHICAL STANDARDS

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### Disclosure conflict interest

Collaboration study This is positive thing for all researcher so that conflicts, problems, and others. The same very No become problem for all writer.

### Statement of informed consent

Every the actions we take as writer is agreement or agreement together.

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