

## The Effectiveness of Patience Training to Improve the Quality of Life of People with Disabilities in Rural Indonesia

*Rayinda Faizah,*

Faculty of Psychology,  
University Ahmad Dahlan, Yogyakarta,  
Indonesia.

### ABSTRACT

*Physically disabled people who were not born with a physical disability might experience physiological, social, environmental, and spiritual changes that affect their quality of life, which is perceived differently by different individuals. This study applies patience training to people with physical disabilities and assesses its effects on increasing their quality of life. The study uses a quasi-experimental pretest and posttest control group. Fourteen people with disabilities participated in the study. They were divided into two groups: eight in the experimental group and six in the control group. The hypothesis was measured using a t-test, which obtained  $p = 0.014$  ( $p < 0.05$ ), which indicated a significant difference in the quality of life between the experimental group and the control group. The results of this study indicated that patient training could be effective in increasing the quality of life of people with physical disabilities.*

**Keywords:** patience training, quality of life, people with disabilities.

### INTRODUCTION:

Vulnerable groups are comprised of individuals that are marginalized or are potentially marginalized in the development of a country. Indonesia is a developing country located in the ring of fire or the basin of the Pacific Ocean where a large number of earthquakes and volcanic eruptions occur (BNPB, 2017). As a result, Indonesia is prone to disasters that decrease the quality of life of vulnerable groups. Groups of women, children, elderly, and people with disabilities encounter various problems that require psychological interventions in order to increase their quality of life. Currently, the amount of psychological therapy is available to 0.03 of 100,000 residents. Therefore, the development of various modules and psychosocial intervention models is necessary for use by psychologists in order to increase the quality of life of vulnerable groups in Indonesia.

Individuals who are not born with a physical disability need longer adaptation processes to learn to cope with their disabled condition. The individual's adaptation to his/her physical condition often raises various psychological problems (Mangungsong, 2011). According to Kapliani (2015) and (Damayanti & Rostiana, 2003), post-natal disabilities are difficult to accept, and these people often experience emotional problems and stress because of their condition. They often experience anxiety, fear, sadness, envy, shame, and anger because their limbs do not function properly (Sarafino, 2006; Oliveira, Milliner, Saadat, & Hosniye, 2004; Kasmayati, 2013). In addition to emotional problems, post-natal disabilities are often accompanied by social adjustment problems (Widodo, 2015).

Based on the results of an interview conducted in the field on 10 March 2016 with an official of Wukirsari Village, he explained that since he had been paralyzed in an accident, one citizen had locked himself in a room, and he was not willing to socialize or work. In an interview on 11 March 2016 in Bantul, Mr. Ngatijan, who is the chief of an association of people with physical disabilities, said that in addition to accidents and congenital disabilities, some persons had disabilities that were caused by the 2006 Yogyakarta earthquake. At present, these victims of the earthquake still struggle to increase their quality of life. Based on the results of an interview, One

person who was disabled by the earthquake said that people with disabilities, especially those with paraplegia, experience pain daily, and they frequently develop cubitus when they sit too long.

Individuals who are not born with a physical disability need to undergo a process of adaptation to their physical condition because they are no longer perfect. Hasnani (2012) found that the process of adaptation to a new painful condition includes feelings of isolation in addition to the loss of personal freedom and social support, which affects their quality of life. In addition, the freedom to move, the fulfillment of desires, and the capacity to hope are limited in people with physical disabilities (Abraham, 2013). Individuals' perceptions of their quality of life as a man or a woman are affected by their cultural context and value system, including their expectations regarding their standard of living, hope, enjoyment, and care (WHO, 1997).

The results of Larasati's (2002) study showed that individuals who perceived a good quality of life were satisfied with their physical condition. Psychologically, the individual can manage and express their emotions appropriately (e.g., awareness of their shortcomings and advantages, ability to adapt to their physical condition, optimism, and empathy). Sociologically, the individual has good social relationships, receives support, and derives a sense of security from the surrounding community (Larasati, 2002). People with disabilities who perceive that their quality of life is good are optimistic, manage their emotions, and increase their social skills.

(Anggraini's 2012) study of intelligence (i.e., intellectual, emotional, and spiritual) in people with disabilities found that those who had high spiritual intelligence were more resigned to or more accepting of their situation, and they did not blame themselves, others, or their environment. These results indicated that people with disabilities with spiritual intelligence have greater self-acceptance (Anggraini, 2012). Moreover, religious belief can be a coping strategy in the midst of a very limited condition and then to rise to set the future (Amawidyati & Utami, 2007). No human being is free from sadness, physical health problems, and various problems that are devised by Allah. However, humans must be patient in dealing with their problems and misfortunes (Qordhowi, 1999).

In Islam, there has been much discussion about the concept of patience as a psychological defense in dealing with the vicissitudes of human existence. However, most individuals misconceive the meaning of patience as equivalent to surrender, *nrimo*, waiting, or other daily experiences (El Hafiz, Rozi, Mundzir, & Pratiwi, 2012). According to (Al-Jauziyah, 2001), patience has three main aspects: patience in obeying the commandments; patience in adhering to prohibitions and violations; and patience in accepting destiny and provisions.

Rosnawati (2010) found that training in patience was effective in reducing anxiety. Individuals who were patient had the ability to self-control, refrain, and control their emotions. Thus, they were able to generate positive efforts in dealing with life's pressures. Kumala and Trihandayani (2015) found that forgiveness and patience were part of positive emotional reactions that could lead to an individual's satisfaction in his or her life. El Hafiz et al (2012) found that patience affected happiness by as much as 12%.

Individuals who are disabled because of an accident, disease, or disaster will have psychological, physical, and social problems. One psychological problem is acceptance. Such individuals tend to be angry and reject the provisions of Allah. Because of their disabled condition, these individuals tend to have social adjustment problems, and they often retreat from their social lives. These problems could be reduced by patience training in the person with disabilities. As explained in the Qur'an, humans are expected to be patient in dealing with Allah's provisions, prohibitions, and commandments.

## METHODS:

### Participants:

The participants in the study were 14 people with disabilities who had low to medium scores on the quality of life scale. The participants were divided into two groups: the experimental group and the control group. The inclusion criteria were the following: Muslim, age range from 20 to 45 years, post-natal physical disabilities, capable of reading and writing, low to medium score on the quality of life scale.

### Measurement:

The instrument used to measure variable of quality of life is the WHOQOL SRPB scale (2002), which consists of 132 items. After the scale trial, 93 items were valid. The scale consists of a physical dimension, a psychological dimension, an independence dimension, an environmental dimension, and a spiritual dimension.

### Research Design and Procedures:

The study used a quasi-experimental design that included a pretest and posttest, an experimental group, and a control group. Intervention patience training was applied to the experimental group. The control group was comprised of persons on a waiting list to receive intervention or patience training after the research was finished. In this study, the measurements were conducted three times: the pretest was conducted before the

training; the posttest was conducted after the training; the follow up was conducted two weeks after the training was finished.

In the first stage of the study, preliminary information was collected from the non-governmental organization, the Advocacy Center for Women and Children with Disabilities (SAPDA) about people who were not born with physical disabilities. Based on the collected information, 23 persons were not born with disabilities. The researchers then screened the people with disabilities until they finally obtained eight participants in the experimental group and six participants in the control group. The participants in the experimental group gave their written informed consent to attend two days of training.

In the second stage of the study, patience training was implemented on 1 and 2 September 2016 for four hours on both days. The two days of activities included psychoeducation about quality of life and patience, videos of people with physical disabilities, and a worksheet. The equipment used in this study included individual observation sheets, evaluation sheets, a patience module for the facilitator, and a worksheet consisting of “know yourself”, “self-development”, “pearls of wisdom”, “obligations”, and “social environment.”

**Results:**

In the first analysis, an assumption test was used. The results ( $p > 0.05$ ) showed that the data were normally distributed and homogeneous. Based on the results of the assumption test, the data were analyzed using parametric statistical tests: the independent t-test, the Friedman test, and the paired t-test.

**Table 1: Independent T-test Results**

Group	Sig score	Mean score	
		Experiment	Control
Pretest – posttest	0.014	311.9	321.7
Pretest – follow up	0.0395	312.6	321.9
Posttest – follow up	0.446	318.7	318

As shown in Table 1, the pretest-posttest found  $p < 0.05$ , which indicated a difference between the experiment group and the control group. A further analysis was performed on the pretest-follow up in both groups. The results showed  $p < 0.05$ , which indicated a difference between the experiment group and control group in the pretest-follow up. The posttest-followup found  $p > 0.05$ , which indicated no difference between the experimental group and the control group. Based on the mean value, the experimental group experienced an increase from the initial mean position value of 305.8. The mean value of the control group decreased from the initial mean of measurement 324.667.

Next, the Friedman test was applied to the data collected from the experimental group and the control group. The Friedman test is used to determine the differences between the pretest, posttest, and follow up scores. The experimental group obtained a significant level of 0.010 or  $p < 0.05$ . This result showed that there were differences in the perceived quality of life in the experimental group in the pretest, posttest, and follow up, which indicated that the experimental group underwent a process of change. In the control group, the significance level was 0.513 or  $p > 0.05$ , which indicated no difference in the perceived quality of life in the pretest, posttest, and follow up.

A paired t-test was then conducted. This test is used to determine whether there is a difference in the averages of two paired samples (Sujarweni, 2012). The paired t-test was applied to the pretest-posttest scores, the pretest-follow up scores, and the posttest-follow up scores in the experimental group. The results are shown in Table 2.

**Table 2: Calculation of Significance paired t-test**

Pre/post/followup	Aspect	Sig score
<i>Pretest – posttest</i>	Physical	0,122
	Psychological	0,034
	Independence	0,138
	Social relations	0,024
	Environment	0,093
	SRPB	0,1
	General	0,274
<i>Pretest – follow up</i>	Physical	0,041
	Psychological	0,016

Pre/post/followup	Aspect	Sig score
	Independence	0,016
	Social relations	0,175
	Environment	0,18
	SRPB	0,185
	General	0,264
Posttest – follow up	Physical	0,052
	Psychological	0,341
	Independence	0,00005
	Social relations	0,054
	Environment	0,348
	SRPB	0,442
	General	0,5

The results of the paired t-test for pretest-posttest showed differences in psychology and social relations. The results of the pretest-follow up showed a difference between psychology and independence. The posttest-follow up showed only a difference in independence.

**DISCUSSION:**

The results of this study showed differences in the scores for perceived quality of life between the experimental group and the control group. Moreover, there was a change in the quality of life score in the experimental group. The results also showed differences in the scores for the perceived quality of life between the experimental group and the control group from the pretest to the posttest and from the pretest to the follow up, whereas no changes were shown from the posttest to the follow up. The scores for perceived quality of life in the experimental group tended to be stable at follow up.

The mean values indicated that the quality of life scores in the experimental group improved throughout the study period. In contrast, every measure applied to the control group showed a decrease in the scores for perceived quality of life. This result suggests that there was a difference in the perceived quality of life between the experimental group and the control group. The group that received patience training indicated improved quality of life.

In this study, the patience training was based on the concept of patience in Ibnu Qayyim Al-Jauziyah. The training consisted of psychoeducation, which is related to cognition. The results showed that the group that underwent the training gained a new perspective in dealing with their disability. The training also included modeling, which involved stories and videos about people who achieved their goals despite their physical disabilities. The training included the relaxation techniques of *dhikr*, which is one of Allah’s commands.

Patience training is provided for people who were not born with a physical disability. People with physical disability can be caused by an accident, disease, or natural disaster, such as the Yogyakarta earthquake in 2006. According to Lestari (2013), many people who become disabled because of the Yogyakarta earthquake suffered different kinds of stress. They had trouble with self-acceptance because they perceived that their limited physical function stigmatized them in the eyes of others. Physical changes that occur suddenly cause social and psychological problems (Mangungsong, 2011). These physical, psychological, and social problems indirectly and directly affect the quality of life of people with disabilities.

Based on the results, the patience training applied in this study improved the scores for the quality of life in the experimental group. The training targeted not only the cognitive aspect but also the affective and skill aspects. The psychoeducation provided in the patience training was related to Islamic teaching because all participants were Muslim. The results showed that the psychoeducation was effective in the experimental group. One participant in this group said he began to understand that patience is not *nrimo* and that in the religion of Islam, patience has several aspects.

Story telling and video playback were used in the modeling component of the patience training. Modeling influences a person because the characteristics of the model have high status and competence (Feist & Gregory, 2008). In this study, the models were Shinta Nuriyah Wahid and the companions of the Prophet who named Abdullah bin Mas’ud about his independence. The characters in the video modeled the life of Vick Vucijik who became a successful motivator despite the lack of legs and hands. The last modeling tool was a video of a person with physical disabilities who had no legs or hands but still worshiped diligently. The modeling method is

aimed to elicit the affective responses of the participants. In this study, the participants were inspired by the role models provided in the stories and videos. This inspiration was evident in the expression of a participant who was embarrassed and wept after seeing a video of persons with disabilities without hands and feet but who were still able to work and worship. *Dhikr* relaxation was taught to the participants, who were trained in practicing it. One participant, SR, in the experimental group showed a decrease in the quality of life score during the follow up. The score was lower than the pretest measurement was. This decrease may have been because the training was insufficient to give the desired effects and the training was difficult to understand (Feist & Gregory, 2008). In addition, the characteristics of this participant indicate that SR may not have been a suitable candidate for the patience training as a member of the experimental group. Therefore, personal counseling was suggested for SR. Based on the results research about Patience training by Uyun and Rumiani (2012). They combined patient training with worship to increase the resilience of the survivors of the Merapi eruption in Yogyakarta. The results showed that patience training and prayer were not effective in improving the survivors' resilience. The reason was that the participants were still living in the shelter, and no randomization was performed when they were divided into the experimental group and the control group.

In contrast, Rosnawati's (2010) study found that patience training was effective in decreasing the anxiety of outsourced employees about their employment status. The results of the study showed that employees could control their emotions and generate positive emotions and thoughts, which enabled them to face the pressures in the work environment. This patience training included four sessions and one meeting that was held from the morning until the late afternoon.

The limitations of this study include the following: 1) the environment was a semi-open room that was close to welding workshop; 2) the follow up was only conducted once, whereas to obtain maximum results, the follow up should be conducted more than once; 3) the quality of life scale had many items, which caused many participants to become bored; 4) participants who tended to experience boredom with the patience training and already considered themselves a patient person; 5) the experimental group and control group should have the same characteristics in terms of age, gender, and the same category scores on the scale of quality of life.

Overall, the results showed that patience training improved the quality of life scored in the experimental group. However, the differences between the experimental group and the control group did not occur in the follow up process. In the follow up process, there was a decrease in the total scores of three participants in the experimental group.

Patience entails the ability to hinder the emergence of bad actions (self-control) and promote persistence and optimism. In this study, the participants seemed to have learned to accept the reality of their condition and have begun to improve their lives. Some participants revealed that since they became disabled almost everybody had said "patience." One participant revealed that he was now patient enough to accept his condition because when he was impatient, he would not live and might choose to end his life.

## CONCLUSION:

The results showed differences in the quality of life between the experimental group and the control group. The experimental group experienced improved quality of life while the control group did not. These results indicate that patience training could be effective in improving the quality of life of people with physical disabilities.

### Recommendations

#### 1. Research participants

There should be daily evaluations to monitor the extent to which patience could be applied in everyday life

#### 2. Further study

- a. There is a need to consider the room and the surrounding environment that is used as the location where the training will be conducted.
- b. An appropriate questionnaire should be selected so that participants do not experience fatigue and boredom.
- c. The experimental group and control group had the same characteristics.
- d. Do not use the word "patience" directly; instead refer to the form of patience that is desired.

## REFERENCES:

- Abraham, S. (2013). Quality of life among adolescents with physical disability undergoing integrated education. *International Research Journal of Social Sciences*, 2(5), 1-5.
- Al-Jauziyah, I. (2001). *Sabar Perisai Seorang Mukmin*. Jakarta: Pustaka Azzam.
- Amawidyati, S., & Utami, M. (2007). Religiusitas dan psychological well being pada korban gempa. *Jurnal*

- Psikologi*, 34(2), 164–176.
- Anggraini, D. (2012). Hubungan Antara Kecerdasan ( Intelektual, Emosi, Spiritual ) Dengan Penerimaan Diri Pada Dewasa Muda Penyandang Cacat Tubuh Di Balai Besar Rehabilitasi Sosial Bina Daksa Prof. Dr. Soeharso Surakarta. *Unpublished bachelor's thesis*. Surakarta: Universitas Sebelas Maret.
- BNPB, N. (2017). Potensi dan ancaman bencana. *Diperoleh*. Retrieved from <https://www.bnpb.go.id/home/potensi.html>
- Damayanti, S., & Rostiana. (2003). Dinamika emosi penyandang tuna daksa pasca kecelakaan. *Jurnal Psikologi Ilmia ARKHE*, 1(2), 1-10.
- El Hafiz, S. E., Rozi, F., Mundzir, I., & Pratiwi, L. (2012). Konstruk psikologi kesabaran dan perannya dalam kebahagiaan seseorang. In *Unpublished manuscript. Research Report*. Jakarta: UHAMKA.
- Feist, J. & Gregory, J. F. (2008). *Theories of personality* (Edisi Keenam). Yogyakarta: Pustaka Pelajar.
- Hasnani, F. (2012). Spiritualitas Dan Kualitas Hidup Penderita Kanker Serviks. *Jurnal Health Quality*, 3(2), 69–140. Retrieved from [http://www.poltekkesjakarta1.ac.id/file/dokumen/64Spiritualitas\\_Kualitas\\_Hidup\\_Penderita\\_Kanker\\_Serviks.pdf](http://www.poltekkesjakarta1.ac.id/file/dokumen/64Spiritualitas_Kualitas_Hidup_Penderita_Kanker_Serviks.pdf)
- Kapliani, D. (2015). Pelatihan Regulasi Emosi Untuk Menurunkan Stres Pada Difabel Bukan Bawaan. *Empathy Jurnal Fakultas Psikologi*, 3(1), 1-17.
- Kasmayati. (2013). Optimisme Remaja Penyandang Cacat Akibat Kecelakaan. *Empathy Jurnal Psikologi*, 2(1), 1–16.
- Kumala, A., & Trihandayani, D. (2015). Peran Memaafkan Dan Sabra Dalam Menciptakan Kepuasan Perkawinan. *Jurnal Ilmiah Penelitian Psikologis: Kajian Empiris & Non-Empiris*, 1(1), 39–44.
- Larasati, T. (2002). *yang sudah memasuki masa menopause* (Unpublished bachelor's thesis). Universitas Gunadarma, Jakarta.
- Lestari, S.P. (2013). Hubungan antara kepribadian tahan banting dengan penerimaan diri pada difabel akibat gempa Yogyakarta. Universitas Ahmad Dahlan, *Empathy Jurnal Psikologi*, 2(1), 1–14.
- Mangungsong, F. (2011). *Psikologi dan pendidikan anak berkebutuhan khusus jilid kedua*. Depok: LPSP3 UI.
- Oliveira, R.A.O., Milliner, E.K., & Page, R. (2004). Psychotherapy with physically disabled patients. *American Journal of Psychotherapy*, 58(4), 430–441.
- Qordhowi, Y. (1999). *Al-Qur'an menyuruh kita sabar*. Jakarta: GemaInsani Press.
- Rosnawati, T. (2010). *Kesabaran untuk menurunkan kecemasan terhadap status kepegawaian pada karyawan outsourcing* (Unpublished bachelor's thesis). Fakultas Psikologi dan Ilmu Budaya Universitas Islam Indonesia, Yogyakarta.
- Sarafino, E.P. (2006). *Healthy psychology*. New York: John Wiley and Sons.
- Uyun, Q., & Rumiani, (2012). Sabar dan shalat sebagai model untuk meningkatkan resiliensi di daerah bencana, Yogyakarta. *Jurnal Intervensi Psikologi*, 4(2), 253–267.
- WHO. (2002). *WHOQOL-SRPB field-test instrument*. Geneva: World Health Organization.
- Widodo, L. (2015). *Penyesuaian sosial remaja tuna daksa bukan bawaan lahir*. (Unpublished bachelor's thesis). Universitas Negeri Yogyakarta, Yogyakarta.

-----