

THE EFFECTIVENESS OF BEHAVIOR COGNITIVE THERAPY IN REDUCING HOMESICKNESS ON AN INTERNSHIP DOCTOR IN KARIMUN HOSPITAL

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Abstrak. Penelitian ini bertujuan untuk mengetahui apakah cognitive behavior therapy efektif untuk menurunkan homesickness pada dokter internship. Penelitian ini menggunakan desain penelitian single case experiment, dimana model yang digunakan adalah A-B-A. Penelitian dilakukan kepada satu orang dokter internship yang sudah empat bulan menjalani internship di RSUD Karimun dan merasakan homesick. Hasil penelitian menunjukkan bahwa cognitive behaviour therapy yang dilakukan kepada subjek terbukti efektif dalam menurunkan homesickness pada dokter internship di RSUD Karimun dilihat dari hasil kuesioner pre test dan post test dan melalui pengukuran emosi harian.

Kata Kunci: Homesickness, Cognitive Behavior Therapy, CBT, Dokter Internship, Internship

Abstract. This study aims to determine whether cognitive behavior therapy is effective in reducing homesickness in internship doctor. This research uses single case experiment research design, where the model used is A-B-A. The study was conducted to one internship doctor who has been undergoing internship for four months at Karimun Hospital and feel homesick. The results showed that cognitive behavior therapy done to the subject is proven effective in reducing homesickness for the internship doctor at Karimun hospital. It is seen from the results of pre test questionnaire and post test and through daily emotional measurement.

Keywords: Homesickness, Cognitive Behavior Therapy, CBT, Internship Doctor, Internship

BACKGROUND

Internship doctor in Indonesia is required to participate in the Indonesia Internship Doctor Program (PIDI) for one year to get their license of practice. During the internship program, they are often placed in remote areas far from their homes and

their comfort zones. When undergoing the internship program the doctors have to undergo their duty as an internship doctor and also have to adapt to a new work environment and be separated from their familiar environment or home environment. This can lead to complex reactions with characteristics displayed

through emotional, physical, behavioral or cognition. These reactions can be categorized as homesickness (Vingerhoets, 1997). Homesickness is defined as a depressed condition often experienced by those who have left home or who are in a new and foreign environment (Van Tilburg, Vingerhoets & Van Heck, 1996). When a person is away from their family and their home, they have the possibility to feel homesick. According to Archer, Ireland, Amos, Broad, & Currid (1998), homesickness is a psychological reaction of the absence of significant others and familiar presence. The effects of homesickness include loneliness, sadness, and difficulty organizing themselves in new environments (Constantine, Kindaichi, Okazaki, Gainor, & Baden, 2005 dalam Poyrazli & Lopes, 2007). Unwanted feelings and the desire to return home are termed homesick especially if on the student, this happens at the beginning of their early time away from home. Students suffering from homesick may need psychological help, encouragement and direction to alleviate, if not prevented, homesick feelings will hinder academic success and will reappear in their early career (Duru dan Balkis, 2013).

Not only among the students who experienced it, internship doctors also experienced the same thing because for the duty as a doctor who must be ready to be assigned anywhere, the internship doctor also experienced what is called homesickness. Homesickness is felt when they are in a new environment where they used to live with family, but

now they must stay alone in a small boarding room. Especially when they are used in eating homemade food daily are now required to find their own food. Therefore, it is necessary to analyze the homesickness among internship doctors by using psychotherapy approach. Psychotherapy is a professional treatment by trained professionals by altering or inhibiting existing symptoms, correcting impaired behavior, and developing positive growth, with the main goal is for patients to be able to be more mature, happy and independent. Psychotherapy approach with *Cognitive Behaviour Therapy* (CBT) is one of the most frequent forms of intervention to overcome homesickness. *Cognitive Behavior Therapy* (CBT) is one of form of psychotherapy that can be used against emotional problems that aims to eliminate signs, symptoms, or emotional problems by changing and rebuilding positive and rational cognitive status so as to have healthy somatic behaviors and reactions (Sudiyanto, 2007). CBT is an effective non-pharmacological treatment for almost all mental disorders, especially anxiety and depression. This therapy has limited time, encourages self-help skills, is focused on the problem, is inductive, and requires the client to develop and practice the skills in his or her own environment through the given homework. The problem with the implementation of CBT is that most clients are unable to perform treatment or therapeutic processes because of factors such as the availability of treatment, access, cost, and the lack of trained practitioners to perform CBT have an

impact on the lack of optimal mental health services.

The purpose of this study is to determine the effectiveness of *Cognitive Behavior Therapy* (CBT) in decreasing homesickness in internship doctors at Karimun Riau Islands Hospital.

A. Homesickness

1. Understanding Homesickness

According to Vingerhoets (1997), being apart from a familiar environment can create a complex reaction with visible characteristic such as emotional reaction, physical reaction, behavior reaction and cognition. This reaction can be classified as homesickness. Homesickness can be define as a depressed condition which happened to those who left home or live in a new environment (Van Tilburg et al, 1996). Whereas According to Archer (1998), *homesickness* is a psychological reaction from the absence of the presence of significant others and the familiar environment. Constantine et al (from Poyrazli & Lopes, 2007) explains that the effect of homesickness among other things are loneliness, sadness, and difficulty in managing themselves. So from some opinions on the notion of homesickness, it can be concluded that homesickness is a normal human condition, characterized by distressed emotions, physical complaints and deep thoughts that are due to being separated from the old environment and those closest, to the new environment.

2. Homesickness symptoms

Fisher (1989) describes the symptoms of homesickness as:

- a. Physical complaints, which often manifest as stomach and digestive problems, headaches, loss of appetite, difficulty sleeping and strange sensations in the legs.
- b. Cognitive manifestations, such as obsessive homesickness, inability to concentrate on daily activities, and current negative environmental evaluations.
- c. The behavior of people experiencing homesickness is often apathetic, lack of interest in new environments, usually only small initiatives and tend to withdraw socially.
- d. Emotional manifestations of homesickness are often characterized by feelings of depression and fatigue and even thoughts of suicide.

B. Cognitive Behaviour Therapy

1. Understanding Cognitive Behaviour Therapy

Matson & Ollendick (1988) discusses the definition of cognitive-behavior therapy as an approach with several procedures that specifically use cognition as a major part of therapy. The focus of therapy is perception, trust and mind. Bush (2003) reveals that cognitive behavior therapy is a combination of two approaches in psychotherapy namely cognitive therapy and behavior therapy.

Cognitive therapy focuses on thoughts, assumptions and beliefs. Cognitive therapy facilitates individuals in learning to recognize and change mistakes. Cognitive therapy is not only related to positive thinking, but also related to happy thinking. While behavioral therapy helps build the relationship between the problem situation with the habit of reacting the problem. Individuals learn to change behavior, soothe the mind and body so they feel better, thinking more clearly and help make the right decisions.

Negative thoughts, negative behaviors, and negative feelings of discomfort can lead individuals to more serious psychological problems, such as depression, trauma, and anxiety disorders. Uncomfortable or negative feelings are essentially created by dysfunctional thoughts and behaviors. Therefore, in therapy, dysfunctional thoughts and behaviors must be reconstructed to return to its normal functioning. cognitive behavior therapy is based on the concept of changing thoughts and negative behaviors that greatly affect emotions. Through cognitive behavior therapy, individuals engage in activities and participate in self-training by making decisions, self-reinforcement and other strategies that refer to self-regulation (Matson & Ollendick, 1988).

2. Cognitive Behaviour Therapy techniques

Techniques commonly used by experts according to McLeod, 2006, are:

- a. Setting irrational beliefs.
- b. Bibliotherapy, accepting internal emotional states as something interesting rather than a scary one.
- c. Repeats the use of multiple self-statements in role playing with counselors.
- d. Trying to use different self-statements in real situations.
- e. Measuring feelings, for example by measuring the feelings experienced at the moment with a scale of 0-100.
- f. Stop the mind. Individuals learn to stop negative thoughts and turn them into positive thoughts.
- g. Systematic decentralization. The replacement of fear and anxiety response with relaxation response that's been studied.
- h. Social skills training.
- i. Assertiveness skill training or skills training in order to act decisively.
- j. Home assignment. Demonstrate new behaviors and cognitive strategies between therapy sessions.
- k. In vivo exposure. Address the situation that caused the problem by entering the situation.

C. Internship doctors

1. Understanding Internship doctor

According to Law No.20 of 2013 on Medical Education, the internship program is the completion and the establishment of a doctor which is a part of the mandatory temporary placement program, for a maximum of 1 (one) year and is part of the professional education organized by the Faculty of Medicine and the Faculty of Dentist with the aim of ensuring equity of distribute graduates throughout the territory of the Unitary State of the Republic of Indonesia.

The Indonesian Doctor Internship Program (PIDI) is a program aimed at each new doctor who during his education uses Competency Based Curriculum (KBK), as a prerequisite for registration at the Indonesian Medical Council. To follow the development in the field of medical education in the world, then since 2005 as a whole and gradually, all Faculty of Medicine in Indonesia have used Competency Based Curriculum (KBK) learning method. (Ministry of Health of the Republic of Indonesia, 2015).

2. Internship Program Placement

In order for internship activities to be implemented properly, there must be available place of internship accredited and qualified for the internship

participants to achieve the desired competence. The places for the programs are:

- a. Hospital;
- b. Family doctor's clinic;
- c. Community Health centers;
- d. Public Health Center;
- e. other primary services of government and private property.

Services that are conducted at the internship program places are:

- a) Provides medical and medical services daily to the public, including emergency medical and emergency surgical services;
- b) Each day at least serves 20 patients or cases, of varying types, with various age distribution and sex distribution,
- c) Having adequate clinical laboratory facilities and pharmacy facilities; and
- d) Available doctors who become counselors.

the places used for the internship program must meet the standards specified and accredited by the accreditation body / KIDI consisting of a group of experts to maintain and improve the quality of the internship program. Each internship participant gets assistance from a senior doctor who acts as a companion. The requirement to be a companion is an active doctor of practice who understands and applies the principles of familiar medicine and the principles of good medical practice that are governed by the

Internship Committee of Indonesian Physicians.

RESEARCH METHODS

The method used in this research is experiment with single case design (single case experiment design). The design of this study focused on the examination of behavioral changes in individuals or groups. The advantage of single case experiment design is that it allows research on a client. Single case experiment design provides a practical solution to the problem by examining the cause and effect conclusions when the subject is only a few people (Shaughnessy & Zechmeister, 2007). The design of single-case experimental design is a research designed to evaluate the effect of an intervention on a single case. This single case experiment uses A-B-A which basically involves the baseline phase (A) and the treatment phase (B). The design variation used A-B-A. Subjects in this study is an internship doctor at Karimun Riau Islands Hospital who experienced homesickness for four months following the internship activities in Karimun District Hospital.

The psychotherapy approach with Cognitive Behavior Therapy is one of the most common forms of intervention to overcome homesickness.

As Shahmohammadi and Irannejad (2011) have studied on the effectiveness of Cognitive behavioral management on students' homesickness that results from the fact that Cognitive behavioral management is effective in lowering homesickness and helping the problems of students entering new

universities. Meanwhile, research conducted by Saravanan, Alias and Mohamad (2017) entitled The Effects of Brief Individual cognitive behavioral therapy for depression and homesickness among international students in Malaysia show that the Brief individual cognitive behavioral therapy is effective in lowering homesickness.

In this study the variables studied are as follows:

1. Variable I : Homesickness
2. Variable II : Cognitive-Behavioral Therapies (CBT)

The intervention is done with the meeting five times with the implementation of time every day and every other day. The meeting duration is estimated to be approximately 90 minutes long. The research implementation stage of five meetings is planned every working day following the subject schedule in the hospital. After reaching agreement with the subject, the researcher begins by assigning daily homework as a preliminary description of the subject's emotion on homesickness and then before the intervention begins they're given the questionnaire as a data for pre-test. The homesickness questionnaire used in this intervention was adapted from Homesickness Questionnaire from Archer, Ireland, Amos, Broad and Currid (1998). Factors in this homesickness questionnaire consist of; Disturbing thoughts, Stress associated with loss of attachment behavior, trying to maintain bonds, home-related dreams, anxiety, anger and blame, feelings of guilt, loss of self, identification and evasion. The items or

items of the statement are made in the form of statements with possible answers. A recent study conducted on 286 men and 223 immobilizations in the universities of Azerbaijan was found to have a reliability value (α) homesickness questionnaire of 0.899 and 0.885, respectively, showing high reliability. (Aminpoor, 2002).

Furthermore, the researcher observes and interviews with predetermined guidelines to complete the homesickness picture on the subject. From the results of observations and interviews, researchers conducted an analysis to determine the method of intervention.

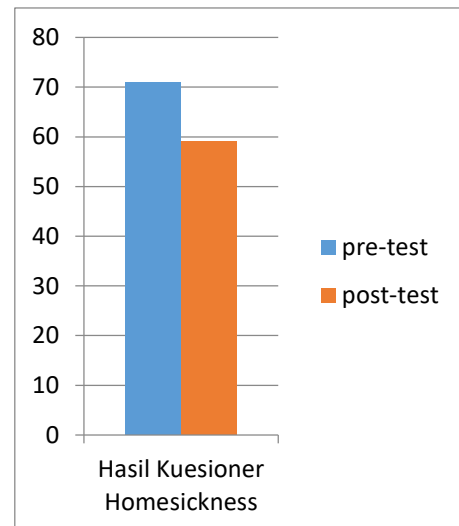
RESULTS AND DISCUSSION

Evaluation of the intervention result is done through two approaches approach that is quantitative and qualitative approach. Quantitatively using homesickness questionnaires and daily emotional data tables. Qualitatively through interviews.

A. Quantitative evaluation

1. Homesickness

questionnaire pre test and post test

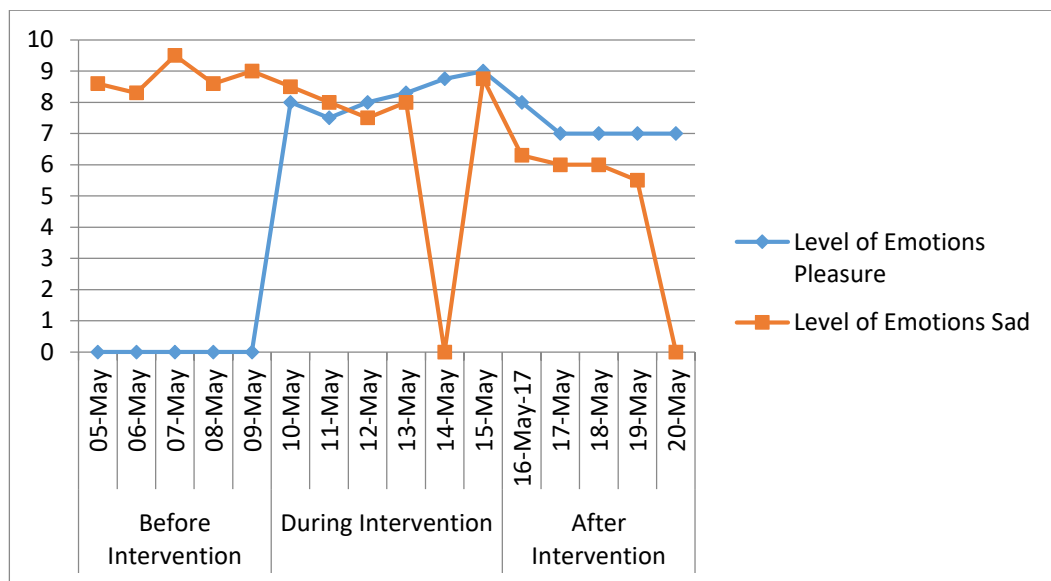


Graph Comparison of pre-test and post-test homesickness results

From the homesickness questionnaire that has been given to the subject at the beginning and the end of the intervention, the results obtained that the level of anxiety felt by the subject decreased after the intervention. Prior to the intervention, the subject's homesickness level was 71 and after intervention interval down to 59.

2. Daily emotions

Daily emotional measurements are derived from the daily homework that subjects performed daily and given to look at the emotional level of the subject every day before the intervention, during the intervention and after the intervention.



Measurement graph of daily emotions

From the results of daily emotional measurements, it can be seen that before the intervention subject experienced a high level of sad feelings and low levels of feelings of pleasure. After the intervention, it can be seen that the level of feelings of sadness decreases and the level of feelings of pleasure rises. On average subjects often feel sad when being alone or when remembering their family.

B. Qualitative evaluation: Interview after intervention

After the intervention is over, subject tells the things she feels. The subject said that during the intervention she learned so much on how to manage the emotions of the feelings she often felt. During this time she often

felt sad when being alone and remembered the house in Medan. Usually she goes to another friend's room while feeling sad but if she has a schedule in a hospital with different time schedule from her friend, she is usually alone in her room. The subject says that now when there are negative feelings and feelings of sadness she tried to relax and then countering the negative feelings and give self-positive talk.

Before undergoing intervention, subjects experience a feeling of homesickness that results in disruption of daily activities because the emotions that are felt can sometimes interfere when she has to concentrate. When she is busy at the hospital she sometimes forgets the negative feelings she

felt as a result of the homesickness. But when she is not busy and the subject feels alone especially when the night watch at the hospital she sometimes often feel homesickness that often makes her cry.

When given the intervention, the subject is very cooperative and able to receive the intervention well. She can also follow therapy sessions as scheduled. No obstacles are too distracting during the intervention. She felt greatly helped by every therapy that are given. According to her, relaxation therapy that she often use because it is easy to do and can be done anytime. Then after doing relaxation therapy she did counter techniques to get rid of negative thoughts and then do positive thinking to get positive thoughts.

After the intervention of cognitive behavior therapy, it was found that the level of sadness felt by the subjects initially are at the average of 8, after the intervention, it decreased to an average of 5.5. Meanwhile, the level of pleasure that initially rarely appears, once given the intervention began to appear and appear at the average level 7. In the daily emotional measurements after the intervention, there is a decrease in the level of sad emotions and emotional uplift of happy

because the subject was traveling holiday with friends so as not too much thinking about home.

Based on these results indicate that the intervention of cognitive behavior therapy is effective enough to be used in reducing the level of homesickness that exist in a person. Although the level of feelings of sadness felt as a result of homesickness cannot be gone entirely but has decreased significantly so that the subject can move well and homesickness feeling can be reduced.

CONCLUSIONS AND RECOMMENDATIONS

Subjects in this study began to experience Homesickness since starting an internship program in Karimun Public Hospital since four months ago. Feelings of Homesickness experienced by the subject has been disturbing her daily activities where she can feel very sad until she cry when remembering the house so that hamper the subject in doing her daily tasks.

The intervention use in this study is Cognitive Behavior Therapy (CBT) where the intervention is divided into five sessions which each session lasts for approximately 90 minutes. In the first session the subject was taught about Cognitive Behavior Therapy and explained about the intervention stages. In the second session, the subject is taught a

model of A-B-C to see the relationship between A (situation) - B (belief) - C (consequence). In the third session the subject is taught counter techniques to help her defy negative thoughts. Then in the fourth subject sessions, she was taught relaxation and positive thinking self-talk. In the fifth session which is the termination when the subject is asked to review all the techniques that have been taught and to give the results that have been obtained from the intervention.

Based on the results of this study it can be concluded that there is a decrease in homesickness levels perceived by subject after this Cognitive Behavior Therapy intervention. This indicates that Cognitive Behavior Therapy given to the subject is able to decrease the negative feelings that are felt when homesickness arises. Subject is able to fight negative feelings and thoughts using counter techniques, positive thinking and self talk that has been taught.

Suggestions that can be given are as follows; for research subjects who have undergone this Cognitive Behavior Therapy intervention, it is expected to continuously re-train the counter techniques, positive thinking and self talk that has been taught to get more effective results. Subjects are also expected to

practice deep breathing techniques periodically in order to be able to maximize the techniques that are already taught so that the subject can manage emotions and feelings thereby reducing the rate of occurrence of homesickness.

Research using Cognitive behavior therapy conducted by researchers to internship doctors who experience homesickness, proven effective to reduce homesickness. Therefore, it is expected that similar interventions can be done in other cases. In addition, for other researchers who will study on similar cases, it is expected to add other variables by using more effective methods.

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