

RELATIONSHIP BETWEEN FAMILY SUPPORT AND SELF-CARE AMONG NON-HEMORRHAGIC STROKE PATIENTS

By Muhammad Risal

Original Research Article

RELATIONSHIP BETWEEN FAMILY SUPPORT AND SELF-CARE AMONG NON-HEMORRHAGIC STROKE PATIENTS

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Abstract

Background: Stroke has several impacts, namely physical limitations and disabilities in self-care, stroke also causes stress and depression. By because it requires family support as a support system, family support can independently train and motivate family members who have suffered a stroke to perform self-care without depending on others.

Objectives: This study aimed to determine the relationship between family support and self-care in non-hemorrhagic stroke patients at the Polyclinic Neurological of Lagaligo I Hospital, East Luwu Regency.

Methods: This research was conducted at the neurology polyclinic of hospital I Lagaligo, East Luwu Regency from July to August 2020. The design of this study used an analytical survey with a cross sectional approach. The number of samples was 789 respondents with proportional random sampling technique. Data analysis used the Spearman Rank correlation statistic test with a value of $\alpha = .05$.

Results: The results of the study with the Spearman rank test showed that the p value (.000) was significantly lower than .05 or ($p < \alpha$), so there was a relationship between family support and self-care in non-hemorrhagic stroke patients at the Neurological polyclinic Hospital I Lagaligo, East Luwu Regency.

Conclusion: The conclusion of this study is that there is a relationship between family support and self-care in non-hemorrhagic stroke patients and suggestions for nurses in the Neurology Polyclinic Room are expected to provide information and be able to provide nursing education, especially about family support with self-care in patients who have had non-hemorrhagic strokes.

Keywords: Family support, self-care, non-hemorrhagic stroke.

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INTRODUCTION

Stroke is a condition that occurs when the blood supply to a part of the brain is suddenly interrupted, because some of the brain cells die as a result of disruption of blood flow, which causes blockage or rupture of brain blood

vessels. Lack of blood flow in the brain tissue causes a series of biochemical reactions that can damage or kill brain nerve cells. The death of brain tissue can cause a loss of function that is controlled by the tissue, the stopped blood flow also stops the supply of oxygen and nutrients to

the brain, so that part of the brain cannot function properly (Nabyl, 2012).

The ²⁴World Health Organization (WHO) shows stroke is the leading cause of death and disability worldwide. In epidemiological data indicates that there are 6.7 million of them died of a stroke and estimated mortality of stroke increased by 10% of the population (WHO 2014). WHO also estimates that deaths from stroke in 2020 will continue to increase to 7.6 million (Sobirin et al, 2014). *The International Classification of Disease* taken from the United States *National Vital Statistics Reports* for 2011 shows that the average death rate from stroke is 41.4% of ⁶00,000 sufferers (Irdelia, 2014).

The prevalence of stroke in Indonesia based on diagnosis by health workers is 7 per mile and those diagnosed by health workers or symptoms are 12.1 per mile. The prevalence of stroke based on the diagnosis of health workers was highest in North Sulawesi (10.8 ‰), followed by DI Yogyakarta (10.3), Bangka Belitung and DKI Jakarta, each 9.7 per mile. The prevalence of stroke based on 92 diagnosed health workers and the highest symptoms was in South Sulawesi (17.9 ‰), DI Yogyakarta (16.9 ‰), Central Sulawesi (16.6 ‰), followed by East Java at 16 per mile (Riskesdas, 2013).

Stroke is one of the most common non-communicable diseases today. Stroke attacks can appear suddenly, quickly, and progressively that occurs due to non-traumatic circulatory disorders. Nerve disorders that occur can cause several symptoms such as: paralysis of the limbs and face, unclear and non-fluent speech, visual disturbances, changes in consciousness, etc. which have a high level of morbidity that can cause disability in a person. The conditions of ordinary cause the patient reliance primarily on the closest (family), therefore patients need care needs help themselves (self-care) continuously and gradually in order not to worsen the condition of patients (Siregar & Anggeria, 2019).

The need for self-care, according to Orem, includes maintenance of air, water/ fluids, food, normal elimination processes, balance between activity and rest, balance between solitude and

social interactions, prevention of hazards to life, function and human welfare, and efforts to improve internal function. development of the individual to be normal so that the self-care (self-care) can do to maintain healthy, both physically and psychologically (Syairi, 2013).

According to the results ²⁷research (Inches & Temel, 2016). If a patient who has suffered a stroke especially after ¹⁶being discharged from the hospital is in dire need of long-term home or institutional care. Therefore, patients with stroke needs to get support emotional, ¹⁶information and instrumental obtained from family members to maintain the daily life of the -day them. Stroke can cause physical and mental disorders chronic interfere with activities of daily life - the most basic such as care themselves (self-care) (Bierhals et al., 2019), which may have an impact on the lives of people and can increase dependence on others, including the family (Lu et al., 2019)

The ¹²results of Wurtiningsih's (2012) study state that family members are able to provide various forms of support to stroke sufferers, namely: Information/ knowledge support, instrumental support and appreciation and emotional support. Instrumental support is provided by providing rehabilitation therapy while reward support is given in the form of gratitude and attention

The data was obtained directly from the first installation of Medical Records at the Lagaligo Luwu Timur Hospital. The total number of new cases of non-hemorrhagic stroke in 2019 was 101 people, in 2020 January-May as many as 36 people. And the results of an initial survey of family members of stroke clients visiting Hospital I Lagaligo Wotu as many as 6 respondents, three of whom said that their families provided support and motivation in treatment, two people said they sometimes received support from their families, and 1 person said their families were ²⁸busy with their own business. respectively. Based on the description of the background above, the author is interested in conducting a study entitled "The Relationship of Family Support with self-care in non-hemorrhagic stroke patients at the

Neurology Polyclinic of Lagaligo I Hospital, East Luwu Regency ".

METHODS

Study Design

This type²¹ research is analytical survey research. This research design uses correlation analytic method with cross-sectional approach, namely the type of research to study the relationship between risk factors and effects including independent variables and dependent variables measured at once (Notoatmodjo, 2012).

Setting

This research was conducted at the Neurology Polyclinic of hospital I Lagaligo, East Luwu Regency from July to August 2020.

Research Subject

The population in this study are all Non Haemorrhagic Stroke patients in the clinic I Lagaligo Hospital East Luwu regency as many as 63 patient³² the technique of sampling Proportional Random Sampling and sample size is determined by the Slovin's formula with total of 39 respondents.

Instruments

The data collection method used observation sheets to find out whether the sample experienced self-care support, moderate, severe and panic and used a questionnaire to find out whether the respondents experienced a lack of self-care support, psychological changes, and work status.

Data Analysis

The data analysis technique in this study used univariate analysis and bivariate analysis using the Spearman Ranks correlation test with a value of $\alpha = 0.05$.

Ethical Consideration

Researchers emphasize the ethical principles applicable, include: Sheet consent

(informed consent), Anonymous, and Confidentiality. In addition, this research has obtained a research permit from hospital I Lagaligo, East Luwu Regency.

RESULTS

The results showed that²² the relationship between family support and self-care in non-hemorrhagic stroke patients at Lagaligo I Hospital, East Luwu Regency, with 39 respondents.

⁸ *Characteristic Respondents based on Family Support and Self-Care*

Table 1. Distribution Frequency of²⁵ Respondents based on Family Support and Self-Care in the Neurology Polyclinic of hospital I Lagaligo, East Luwu Regency from July to August 2020.

Variables	Frequency (f)	Percentage (%)
<i>Family Support</i>		
Less	4	10.3
Enough	30	76.9
Good	5	12.8
Total	39	100.0
<i>Self-Care</i>		
Independent	7	17.9
Partial	31	79.5
Total	1	2.6
Total	39	100.0

Sources: Primary Data of Questionnaire, 2020.

²³ Based on table 1 above, it found that the highest proportion of respondents with sufficient family support is 30 people (76.9%), good family support is 5 people (12.8%) and less family support is 4 people (7.7%). Based on the result data above also showed that self-care with the highest proportion of partial respondents as many as 31 person (79.5%), independent as many as 7 people (17.9%) and total self-care as many as 1 person (2.6%)

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The Analysis of the Correlation between Family Support and Self-Care using Spearman Rank Test

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Table 2. The Relationship between Family Support and Self-Care among Non-Hemorrhagic Stroke Patients in the Neurology Polyclinic of hospital I Lagaligo, East Luwu Regency from July to August 2020.

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Family Support	Self-Care						Total	
	Independent		Partial		Total		F	%
	F	%	F	%	F	%		
Good	4	10.3	1	2.6	0	0.0	5	12.8
Enough	3	7.7	27	69.2	0	0.0	30	76.9
Less	0	0.0	3	7.7	1	2.6	4	10.3
Total	7	17.9	31	79.5	1	2.6	39	100.0

p-value = .000

Sources: Primary Data of Questionnaire, 2020.

Based on Table 2 above showed that a good family support with selfcare independently as much as 4 people (10.3 %), partial as many as 1 (2.6 %), family support is good with self-care total no. The relationship between family support is enough with independent self-care as many as 3 people (7.7 %), partial as many as 27 people (69.2 %), total self-care does not exist. Relationships family support less self-care self-nothing, self-care partial persons (7.7 %), lack of family support with self-care a total of 1 person (2.6 %). The results of correlation test of Rank Spearman, family support had relationships with self-care with a significance level (p-value .000).

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DISCUSSION

Family support for non-hemorrhagic stroke patients at the Neurology Polyclinic of RSUD I Lagaligo Luwu Timur

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The results showed that as many as 76.9% of non-hemorrhagic stroke patients in the Neurology Polyclinic at Lagaligo I Hospital, East Luwu Regency, received sufficient family support. Family support is sufficient due to the lack of family knowledge of stroke patients and various factors that affect the level of family knowledge such as assisting patients in fulfilling informational support such as providing information, real support (time, facilities and material assistance), emotional support such as love and support. love, and support expectations such as providing support to patients.

There are 10.3 % of post- stroke patients with less family support, this is caused by families who feel burdened by the patient's health condition, the activities of other family members, Supported by Nurfianti's research (2012) that families experience tension in carrying out their roles and get distress symptoms in being a provider of care. The impact of treatment on the family includes fatigue, headaches, physical health, joint pain, feelings of depression, sadness, disturbed financial problems, and lack of support from other families. and 12.8 % good family support. This suggests that families care about stroke patients. In line with the results of a study conducted by Arysta, (2016) regarding family support in stroke patients, it showed that 21 patients with a percentage of 51.2% had good family support. This means that families really care about stroke patients and patients with poor family support, namely 20 patients with a percentage of 48.8%.

Family support plays an important role in determining a person's healing process, including stroke patients. The existence of family support can help sufferers deal with their problems. Ineffective individual coping accompanied by a lack of family support can lead to feelings of depression (mild, moderate, severe) which can develop into self-concept disorders (Kartini, 2013).

8 Based on the 30 ults of research by Ambarita (2014) on the relationship between family support and length of stay in stroke patients at Santa Elisabeth Hospital, Medan, it was stated that there were 60 respondents who showed good family support 34 people (58.7%), enough family support 8 people (13.3%) and less family support 18 people (30%). These results indicate that the family is still functioning in providing support to stroke patients.

Self-Care for Non-Hemorrhagic Stroke Patients at the Neurology Polyclinic at Lagaligo I Hospital, East Luwu Regency 34

Based on the results of the study, most of the non-hemorrhagic stroke patients with partial self-care were 79.5%, 17.9% were independent, and total self-care was 2.6%. The number of patients who have self-care with partial is more than the ability of self-care independently, the high results of the ability of partial self-care researchers assume that this can be due to the stroke itself, the length of time someone has had a stroke, rehabilitation and support from family.

This is in accordance with Yulia's (2015) research, that when patients visit health centers with knowledge of family members about self-care, they are good enough so that they can assist patients in carrying out self-care that should be done. On the other hand, patients with less family support are due to the family's ignorance of the self-care that the patient must undergo so that they cannot reprimand the patient when they do not comply with the implementation of self-care recommended by medical personnel.

7 According to Riegel, Barbara (2012), self-care behavior is influenced by experiences and skills, motivation, beliefs and cultural values, confidence, habits, functional and cognitive abilities, social support, and facilities. After a stroke can make a person's 7 level of dependence increase which can cause the inability to carry out their own activities such as self-care, it is hoped that family support is always provided to patients (Naziyah et al., 2019).

1 Relationship between Family Support and Self-Care among Non-Hemorrhagic Stroke Patients at the Neurology Polyclinic of I Lagaligo Luwu Timur Hospital. 15

From the statistical results of the Spearman rank test, it found that the family support had relationship with self-care. Family support greatly affects the self-care ability of stroke patients. This is evident from the results of research that has been conducted where there are 39 respondents with good family support as many as 5 people (12.8%), sufficient family support as many as 30 people (76.9%) and less family support as many as 4 people (10.3%) and self-care independently total of 7 people (17.9%), self-care partial as many as 31 people (79.5%) and self-care a total of as much as 1 (2.6%).

The same study by (Cameron et al., 2015) suggests that stroke has a major impact on life and can increase dependence on other people. So, the role of the family is the support or resources is very important for families in need or help with personal care (*self-care*) during the patient's recovery.

In line with Ariyanta's research (2013) that the family plays a very important role in providing support for the patient's recovery. Forms of family support are limited to the daily needs of the patient, where the family always tries to meet the patient's daily life needs, for example eating, drinking, and sheltering. a stroke patient can be obtained in the form of 10 informational support, namely in the form of: advice, real assistance or behavior given by people who are familiar with patients in a social environment or in the form of presence and things that provide emotional benefits or influence on the behavior of the recipient.

Support provided by families can be realized through providing support to stroke sufferers. In psychological, when the support of families of stroke survivors are able to optimize the emotional aspect, awards, information, and instrumental form of attention, advice, suggestions, employment and so the family support will be able to improve coping strategies in patients with stroke, so people feel

that they were needed, noticed and felt that he was no different from other humans (Hasan, 2013).

The family is the most important and the closest to the patient and the primary caregiver for the patient, the family plays a role in determining the way care and support, the family is very important when a family member has a stroke. The role itself is a series of behaviors that are expected in accordance with the given social position (Kosassy, 2011).

High family support causes independent activity in post-stroke patients because family support is interpersonal support which includes attitudes, actions and acceptance of other family members, so that family members feel that there is someone who cares and supports them in their lives, so that physical, mental and emotional changes in stroke patients really need family support because family support can help these patients to rehabilitate in the recovery process so that patients can quickly become independent in their activities (Friedman et al, 2010).

Family support both affects the ability of self-care in someone who has limitations in meeting needs, so with the presence of a family beside the patient, self-care can improve the patient's development process throughout the life cycle so that self-care is very effective (Muhlisin & Irdawati, 2010).

CONCLUSION

Based on the results of the study above, it was found that there was a relationship between family support and self-care among non-hemorrhagic stroke patients. With good family support, it will be able to increase self-care among non-hemorrhagic stroke patients. In addition, health workers are expected to provide motivation to families so that families can provide support to non-hemorrhagic stroke patients.

SUGGESTIONS

Nurses are expected to provide information and to educate nursing services in particular on support for self-care in patients

with stroke non-hemorrhagic. Respondents are expected to provide maximum support and motivate patients so that patients can be enthusiastic about healing their illness. It is hoped that it can be used as a reference or reference in conducting further research and increasing knowledge with different methods in examining the relationship between family support and self-care for stroke patients.

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DECLARATION OF CONFLICTING INTEREST

We strictly certify that there is no conflict of interest between the authors of this article.

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AUTHOR CONTRIBUTION

Muhammad Risal: Conduct initial problem analysis, collect primary data, and analyze primary data, examine and agree on the contents of the article.

Adrian Sali: Collecting secondary data, analyzing secondary data, and examining and agreeing on the content of the article.

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