Family Support Factors Affecting the Care of Stroke Patients at Home in the Working Area of the East Rasanae Community Health Center, Bima City

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Article Info	Abstract
	Stroke is known as the second leading cause of death after heart disease, which is characterized by damage to brain tissue caused by a lack of blood supply to the brain characterized by rupture of blood vessels and damage to brain tissue. The purpose of thisstudy was to determine the relationship between family and care for stroke patients in the work area of the East Rasanae Public Health Center, Bima City.The research design in this study used descriptive analytical research. The sample used in the study was a family of 47 respondents. The sampling technique used was total sampling.The results showed that from 47 respondents, most of the families in caring for stroke patients were good as many as 30 respondents (63.8%) and the factors of emotional family support, assessmentsupport, informational support, and instrumental support there was a relationship in the care of stroke patients in the Work Area. East Rasanae Health Center, Bima City.The conclusion in this study was that it was found that there was a relationship between family support and care for stroke patients. Therefore, family support is needed in caring for stroke patients at home.

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1. INTRODUCTION

Stroke is known as the second cause of death after heart disease, which is characterized by damage to brain tissue caused by a lack of blood supply to the brain, characterized by rupture of blood vessels and damage to brain tissue. According to the World Health Organization (WHO) in 2014, the number of stroke sufferers per individual is based on age and gender, namely, women aged 18-39 as much as 2.3% and ages 40-69 as much as 3.3%. Meanwhile, men aged 18-39 are estimated at 2.4% and those aged 40-69 are estimated at 2.9% (WHO, 2014).

Based on Riskesdas data (2018) in Indonesia, stroke is based on a diagnosis of approximately 1,567,068 people (9%). If we look at the symptoms based on the diagnosis, it is estimated that there are 2,137,941 people (12.1%). West Nusa Tenggara Province, if viewed based on diagnosis/symptoms, has the highest estimated number of sufferers with a total of 238,001 people (7.4%), and 533,895 people (16.6%), while the fewest sufferers are in the province of West Java with a total of 2,007 people. (3.6%) and 2,955 people (5.3%) (Riskesdas, 2018). Based on the results of an initial survey conducted by researchers in the work area of the East Rasanae Community Health Center, Bima City in September 2021, the number of stroke patients was 47 people.

(East Rasanae Community Health Center Recap Data (2021).

In general, strokes are grouped into two types, namely, ischemic strokes caused by obstructed or blocked blood flow to the brain and hemorrhagic strokes caused by rupture of brain blood vessels resulting in bleeding in the brain. The symptoms of a stroke are a feeling

of numbness or death in the face and extremities. The typical characteristics of vision loss or what is called an eye stroke, patients are confused, have difficulty walking and lose balance and have difficulty speaking. The impact of a stroke affects the psychological function of the patient, the patient feels that he is disabled and this disability causes his self-image to be disturbed, he feels that he is useless, ugly, embarrassing, unable to carry out activities like a normal person so that the patient feels that his level of self-esteem has decreased or is low (Fatimah, 2016)

The role and support of the family plays an important role in the rehabilitation process for stroke sufferers. This is because people who have had a stroke, in carrying out daily activities, will be very dependent on other people, especially their immediate family and also the surrounding social environment. Family support is the only place that is very important for providing health service support such as instrumental support, informational support, assessment support and emotional support (Farida, 2018).

2. RESEARCH METHOD

The population in this study were all families of stroke patients in the East Rasanae Community Health Center Working Area, Bima City, totaling 47 people. The sample in this study was 47 families of stroke patients in the East Rasanae Community Health Center Working Area, Bima City. The sampling technique in this research uses total sampling, which is to take all members of the population as samples (Alimul, 2007)).

The research design used in this research is a correlational design with a cross sectional approach, namely a type of research that emphasizes the time of measurement or observation of independent and dependent variable data, only once, at a time (Nursalam, 2003: 85).

Research instruments are tools or facilities used by researchers in collecting data so that their work is easier and the results are better so they are easier to process (Hidayat, 2017). In this study, the instrument used was a questionnaire for family support and caring for stroke patients which was standard or had been used by previous researchers to test data analysis using sperm rank.

Measuring family support was carried out by asking questions in the form of a questionnaire totaling 13 questions and caring for stroke patients totaling 10 questions. Analysis of the relationship between family support and care for stroke patients using Sperank rank, namely a non-parametric statistical test used to test the comparative hypothesis of two correlated samples by taking into account the size of the difference between positive and negative numbers if the research data is in ordinal and hierarchical form (Sugiyono, 2014).

Results

Table 1 Characteristics of Respondents

	Gender	Number (n)	Percentage (%)
1	Man	8	17.0
2	Woman	39	83.0
	Age	**Number (n)**	**Percentage (%)**
1	17-25	2	4.3
2	26-35	26	55.3
3	36-45	19	40.4
	Education	**Number (n)**	**Percentage (%)**

1	elementary school	8	17.0
2	JUNIOR HIGH SCHOOL	4	8.5
3	SENIOR HIGH SCHOOL	30	63.8
4	S1	5	10.6
	Work	**Number (n)**	**Percentage (%)**
1	IRT	27	57.4
2	Self-employed	15	31.9
3	Civil servants	3	6.4
4	Honorary	2	4.3
	Total	47	100%

Based on table 1 above, the characteristics of respondents based on gender are mostly women, totaling 39 respondents (83.0%), aged 26-35 years, 26 respondents (55.3%), high school education level/equivalent, 30 respondents (63.8%), occupation, housewife, totaling 27. respondents (57.4%).

Table 2 Identification of family support

No	Emotional Support	Number (n)	Percentage (%)
1	Good	13	**27.7**
2	Enough	34	**72.3**
3	Not enough	13	**27.7**

No	Support Evaluation	Number (n)	Percentage (%)
1	Good	36	**76.6**
2	Enough	11	**23.4**
3	Not enough	0	**0.0**

No	Informational Support	Number (n)	Percentage (%)
1	Good	14	**29.8**
2	Enough	33	**70.2**
3	Not enough	0	**0.0**

No	Instrumental Support	Number (n)	Percentage (%)
1	Good	30	63.8
2	Enough	15	31.9

3	Not enough	2	4.3
	Total	47	100%

Based on table 2 above, the majority of respondents' family support, emotional support, 34 respondents (72.3%), respondents' emotional support was in the adequate category, 36 respondents' assessment support was in the good category, 33 respondents' informational support was in the sufficient category. respondents (70.2%), the instrumental support of respondents was in the good category as many as 30 respondents (63.8%).

Table 3 Identification of caring for stroke patients

No	Treating patients	Number (n)	Percentage (%)
1	Good	30	63.8
2	Enough	15	31.9
3	Not enough	0	0.0
	Total	47	100

Based on table 3 above, families caring for stroke patients are mostly good, as many as 30 respondents (63.8%).

Table 4 Data analysis

VAREBELL	DATA ANALYSIS
Emotional support	P Value 0.003 > α 0.05
Assessment support	P Value 0.006 > α 0.05
Informational support	P Value 0.041 > α 0.05
Instrumental support	P Value 0.006 > α

3. DISCUSSION OF RESEARCH RESULTS

From the results of the spermank rank statistical test, a significant number or probability value (0.003) was obtained which was lower than the significant standard of 0.05 or (p>α), so H0 was rejected and Ha was accepted, which means that the emotional support factor is related to caring for stroke patients in the region. Work at the East Rasanae Community Health Center, Bima City. According to Taylor (2003), emotional support is the most important aspect of family support. This is in accordance with the research results of Hickey (1988, in Friedman, 2010, p.447) stating that 75 to 85 percent of the success of the healing and treatment process is supported by family attention and empathy.

From the results of the spermank rank statistical test, a significant number or probability value (0.006) was obtained which was lower than the significant standard of 0.05 or (p>α), so H0 was rejected and Ha was accepted, which means that the assessment support factor has a relationship with treating stroke patients in the region. Work at the East Rasanae Community Health Center, Bima City. According to Kristyningsih (2011, p.4) that family assessment support is good because the family always provides guidance on the problems faced by the elderly, mediates or provides solutions and provides support for the problems of the elderly and the family also gives appreciation to everything that is done by the elderly. elderly.

From the results of the spermank rank statistical test, a significant number or probability value (0.041) was obtained which was lower than the significant standard of

0.05 or (p>α), so H0 was rejected and Ha was accepted, which means that the informational support factor is related to caring for stroke patients in the region. Work at the East Rasanae Community Health Center, Bima City. According to Simoni's (2015) research on stroke survivors and their families receive information and support on an individual basis from an online forum, Analysis of 841 respondents showed that respondents sharing their own experiences of stroke (35%) needed information about physical disorders related to stroke, causes of stroke and potential for recovery.

From the results of the spermank rank statistical test, a significant number or probability value (0.006) was obtained which was lower than the significant standard of 0.05 or (p>α), so H0 was rejected and Ha was accepted, which means that the instrumental support factor is related to caring for stroke patients in the region. Work at the East Rasanae Community Health Center, Bima City. This is in accordance with the results of Lutz's (2013) research on the crisis of stroke: experiences of patients and their family caregivers, caregivers are expected to make decisions about the patient's welfare, prepare, carry out tasks and skills they have just learned, where caregivers are completely overwhelmed. and realize they are not prepared to assume the duties and responsibilities of caring for and managing the daily physical, instrumental, and emotional needs of stroke patients. They do not have the time or resources to address their own needs for instrumental support.

Based on the data in table 3, it shows that there is a relationship between family support and care for stroke patients at home in the work area of the East Rasanae Community Health Center, Bima City.

a. Family Emotional Support in Caring for Stroke Patients

The results of the research regarding the emotional support of respondents were in the sufficient category as many as 34 respondents (72.3%).

According to Taylor (2003), emotional support is the most important aspect of family support. This is in accordance with the research results of Hickey (1988, in Friedman, 2010, p.447) stating that 75 to 85 percent of the success of the healing and treatment process is supported by family attention and empathy.

Good emotional support is provided family in caring for stroke patients, can be seen from the family listening to all the complaints experienced by the patient (80.9%) and the family giving confidence to the patient to recover quickly from stroke (74.5%).

b. Assessment Support in Caring for Stroke Patients

The research results showed that the majority of respondents' assessment support was in the good category, 36 respondents (76.6%).

According to Kristyningsih (2011, p.4) that family assessment support is good because the family always provides guidance on the problems faced by the elderly, mediates or provides solutions and provides support for the problems of the elderly and the family also gives appreciation for everything that is done. carried out by the elderly.

This is in accordance with the results of Yeung's (2007) research, family carers in stroke care: examining the relationship between problem solving, depression and general health, found a significant relationship between family caregivers and problem-solving abilities with higher levels of depressive symptoms (r = 0.35, P = 0.01).

Researchers believe that good assessment support is provided by families in caring for stroke patients, which can be seen from families taking care of all administrative equipment for treatment at the hospital (91.5%) and always taking the time to take them to the hospital and carry out treatment at home (80.9%).

c. Family Informational Support in Caring for Patients

The results of this research show that the majority of respondents' assessment support is in the good category, 36 respondents (76.6%). Good informational support is provided by families in caring for stroke patients, which can be seen from the support provided by

families such as reminding patients to maintain a good and correct diet (70.2%) and families consulting with health workers to seek various information regarding how to care for stroke patients (57.4%).

In accordance with research by Simoni (2015) about stroke survivors and their families receiving information and support on an individual basis from an online forum, analysis of 841 respondents showed that respondents shared their own experiences about stroke (35%) which need information about physical disorders associated with stroke, causes of stroke and potential for recovery.

d. Instrumental Family Support in Caring for Stroke Patients

Based on the results of research on family instrumental support in caring for stroke patients, it shows that the majority of respondents' instrumental support was in the good category, 30 respondents (63.8%) and the lowest was in the poor category, 2 respondents (4.3%).

According to Kristyningsih (2011, p.4) that good family support can be seen from the family always paying attention to the health of the elderly, always providing food, drinking needs and the family also always trying to remind and limit all the activities of the elderly and the family also reminding and providing a place for me to rest.

This is in accordance with the results of Lutz's (2013) research on the crisis of stroke: experiences of patients and their family caregivers, caregivers are expected to make decisions about the patient's welfare, prepare, carry out tasks and skills they have just learned, where caregivers are completely overwhelmed. and realize they are not prepared to assume the duties and responsibilities of caring for and managing the daily physical, instrumental, and emotional needs of stroke patients. They do not have the time or resources to address their own needs for instrumental support. The good instrumental support provided by families in caring for stroke patients can be seen from families who provide free time to take stroke patients for re-control (55.3%) and home care needs as well as providing various stroke patient needs such as preparing nutritious food (51.1%) treatment needs and tools needed in the treatment process (63.8%).

e. Identification in Caring for Stroke Patients in the East Rasanae Community Health Center Working Area, Bima City

Based on the research results, it shows that the majority of families in caring for stroke patients are in the good category, namely 30 respondents (63.8%), while 0 respondents (0.0%) are poor.

Based on the results obtained, it turns out that families who have good experience in caring for stroke patients at home and families have more discussions when they receive health education in caring for families who have had a stroke and apply all treatments well too.

f. Analysis of the Relationship between Family Support and Care for Stroke Patients at Home in the East Rasanae Community Health Center Working Area, Bima City.

Based on the research results and the results of the spermank rank statistical test, a significant number or probability value (0.020) was obtained which was lower than the significant standard of 0.05 or (p<α), so H0 was rejected and Ha was accepted, which means there is a relationship between family support and patient care. Stroke at Home in the East Rasanae Community Health Center Working Area, Bima City.

The same research 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 support or a very important resource for the family in assisting with needs or self-care during the patient's recovery period.

The support provided by the family can be realized through providing support to stroke sufferers. Psychologically, if support from the family of a stroke sufferer is able to

optimize the emotional, appreciative, informational and instrumental aspects in the form of attention, advice, suggestion, provision of work and so on, then this family support will be able to improve coping strategies in stroke sufferers so that the sufferer feels that he is needed. noticed and felt that he was no different from other humans (Hasan, 2013).

High family support causes independence in activities 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 someone cares about and supports them in their lives, resulting in physical, mental and emotional changes in stroke patients. really need family support because family support can help the patient to rehabilitate in the recovery process so that the patient can quickly become independent in his activities (Friedman et al, 2010).

Good family support influences the self-care ability of someone who experiences limitations in meeting their needs, so by having 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).

4. CONCLUSION

From the results of this research, it can be concluded that there is a relationship between the 4 factors, emotional support, assessment support, information support and instrumental support.

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