

**Factors Related to Family Attitudes in Helping Patients Adapt to Meet Basic Needs And Prevention of Post Stroke Depression****Elmukhsinur^{1*}, Alice Rosy¹, Rizki Kurniadi²**¹⁾ Poltekkes Kemenkes Riau, Indonesia²⁾ Universitas Pahlawan Tuanku Tambusai, Indonesia**Correspondent Author:**

Elmukhsinur

Email :

elmukhsinurmanaf@gmail.com

Keywords :

Depression, Family Attitude, Post Stroke

Abstract

Stroke is the leading cause of disability and death. One of the major problems faced by individuals who have a stroke is physical disability and depression. Strokes often interfere with the ability to move, speak, and perform daily activities. It can lead to dependence on others for self-care. The study aimed to find out the relationship between gender, education, experience, knowledge, and family attitudes in helping patients adapt to meet basic needs and prevent post-stroke depression at the Indrasari Rengat Hospital. The design of the research was a cross-sectional survey with a sample of 54 respondents in the nerve center and intensive care room of the Indrasari Rengat hospital unit from May 4 to August 9, 2023. A data collection tool using a questionnaire that contains questions about adaptation in the fulfillment of basic needs and prevention of post-stroke depression, as well as statements of family attitudes toward meeting basic needs and post-stroke prevention. The data analysis in this study is descriptive analysis and bivariate analysis with a chi-square test. The results show that there is a meaningful relationship between gender, experience, knowledge, and family attitudes in helping patients adapt to meet basic needs and prevent post-stroke depression. Family attitudes toward helping stroke patients adapt and prevent post-stroke depression are generally positive.

INTRODUCTION

Stroke is the number one cause of disability and the third cause of death in the world after heart disease and cancer in both developed and developing countries. Research data in Asia such as Singapore showed a decrease in mortality rate from 99 to 55 per 100,000 inhabitants, and in Thailand 11 for 100,000. This increased the number of post-stroke survivors with disabilities (Ministry of Health of the Republic of Indonesia, 2013). In Indonesia, an estimated 500,000 people suffer a stroke every year, and about 25% or 125,000 people die and the rest suffer from minor or severe disabilities (Pudiasuti, 2011). In Indrasari Hospital the number of stroke patients in 2020 was 406 and in 2021 203 people (Indrasari Rengat Hospital Medical Record, 2021). Stroke is a disease that attacks the brain. A stroke can lead to loss of memory, difficulty speaking, visual impairment, and total paralysis (Ridwan, 2017). Patients with severe disabilities only lie in bed, urinate, and small not feel (incontinence), even the most basic needs such as eating, crawling, bathing, and dressing dependent on others in this case is family. Families therefore need to have good and correct knowledge of how to help patients adapt in the fulfillment of basic needs.

One of the complications of a stroke is post-stroke depression (PSD) characterized by sadness, despair, and loss of spirit of life. Early, accurate, and integrated treatment will help the healing process. Stroke sufferers are often unable to communicate their intentions and purposes, only able to use body language to convey what they want. This is what often causes people to suffer from depression, especially if the support of the family is lacking (Susilawati, Ratep, & Putra, 2014). Therefore, family support for the prevention of post-stroke depression

is essential (Kusuma, 2018). Family support, one of which is influenced by family knowledge and experience.

There is some research on family knowledge and experience in the treatment of stroke sufferers. Irwan Muhammad's study (2021) of 30 stroke families found a meaningful relationship between family knowledge and involvement in the care of stroke patients (Irwan, 2021). Harmayetty et al (2020) conducted a study on 96 stroke respondents and stated that there is a relationship between family support and post-stroke patient independence (Harmayetty, Ni'mah, & Shafly, 2020). Research on family experience of treating a stroke family member with hemiparesis carried out by Nurhidayah et al (2020), found families have experienced feelings of anxiety, sadness, social life constraints as well as an increased financial burden (Nurhidayah, Nismah, Tombong, Yuliyzar, & Kasih, 2020). Depression-related research conducted by Basit and Mahmudah (2019), there are two factors associated with the occurrence of depression in post-stroke clients of the Banjarmasin tribe at the neuroscience clinic of Ulin Banjarmasin Hospital, namely social support and geographical distance (Basit & Mahmudah, 2019). This research aimed to identify factors related to family attitudes in helping patients adapt to meet basic needs and prevent post-stroke depression in Indrasari Rengat Hospital.

RESEARCH METHODS

This study used descriptive correlation designs with cross-sectional approaches. This study would find out the factors related to the attitude of the family in meeting the basic needs and prevention of post-stroke depression. The sampling technique was purposive sampling. The total sample based on the Slovin formula is 67 respondents. The samples selected are all patients found that meet the inclusion criteria up to the desired number of samples. The criteria for inclusion in this study are families that have family members treated with strokes, can read and write, can communicate well, and are willing to be respondents. Research site at RSUD Indrasari Rengat.

The data collection tool used a questionnaire. Part A questionnaire contains data on the characteristics of respondents consisting of gender, education, and experience of patient care. Part B questionnaire consists of questions related to adaptation in the fulfillment of basic needs and prevention of post-stroke depression. Gender was categorized (male, female), education (Low ≤SMA, Higher = College), and patient care experience (No experience, no experience). Category Good value > 50% Category Less ≤ 50%. Attitudes are categorized as positive and negative. The attitude is measured using the Likert Scale: Favorable: 4. Highly agree; 3. Agree; 2 Disagree; 1. Very disagree Unfavorable: 1. Highly agreed; 2. Agrees; 3 Disagrees; 4. Very disagreed. Positive attitude if score value $\geq 50\%$ and negative attitude when score value $< 50\%$. Analyses data using the Chi-Square test using SPSS.

RESULT

The study of factors related to family attitudes in meeting basic needs and prevention of post-stroke depression was conducted from May 4 to August 9, 2023, with a total of 67 respondents. Based on the characteristics of the respondents, the female population was 45 respondents (67.2%), and the low educational level of respondents was 54 respondents (80.6%). Most respondents had no experience of treating family members who suffered a stroke was 46 (68.7%). Respondents' knowledge of adaptation to meeting the basic needs of stroke sufferers was mostly good 61 respondents (91%), and the majority of families had good knowledge of post-stroke depression 59 respondents (88.1%). As for the family attitude in helping patients adapt to meet the fundamental needs of Stroke suffers mostly had a positive attitude of 48 respondents (71.6%), as well as family attitudes in helping stroke patients do poststroke prevention of depression also had a majority positive attitudes of 51 respondent

(76.1%). The bivariate analysis of the study was to look at the relationship between gender, educational level, experience, and knowledge with family attitudes in helping patients adapt to meet the basic needs of stroke sufferers and family attitudes in conducting post-stroke depression prevention.

Table 1. The Relationship of Education, Gender Type, Experience, and Knowledge with Family Attitudes in Helping Adaptive Patients Meet the Basic Needs of Stroke Sufferers in Indrasari Stretch Hospital (n = 67)

Factors	Family Attitude				Total	P Value		
	Negative		Positive					
	n	%	N	%				
Education								
Low	16	23.9	38	56.7	54	80.6		
High	3	4.5	10	14.9	13	19.4		
Total	19	28.4	48	71.6	67	100		
Gender								
Male	10	14.9	12	17.9	22	32.8		
Female	9	13.5	36	53.7	45	67.2		
Total	19	28.4	48	71.6	67	100		
Experience								
There's experience	17	25.4	29	43.3	46	68.7		
No experience	2	3.0	19	28.3	21	31.3		
Total	19	28.4	48	71.6	67	100		
Knowledge								
Less	5	7.5	1	1.5	6	9		
Good	14	20.9	47	70.1	61	91		
Total	19	28.4	48	71.6	67	100		

Table 1 shows that of the low-educated respondents, the majority had a positive attitude in helping patients adapt to meet the basic needs of stroke sufferers were 38 respondents (56.7%). In the bivariate trial, there was no educational relationship with the family attitude in helping patients adapt to meeting the basic needs of stroke patients with a p-value of 0.638. For the male gender category, the majority had a positive attitude in helping patients adapt to meet the basic needs of stroke sufferers 12 respondents (17.9%), the same as the female gender, most have also positive attitudes 36 respondents (53.7%). The bivariate test results obtained a P-value of 0.030. For the experience category, respondents who have no experience of treating stroke patients, mostly have a positive attitude toward helping patients adapt to meet the basic needs of stroke sufferers 29 respondents (43.3%), and respondents with experience mostly have a positive stance 19 respondents (28.4%). The statistical test results obtained a P-value of 0.021, so there is a relationship between the experience and attitude of the family in helping the patient adapt to meeting the core needs of the stroke sufferer. For the knowledge bivariate, of the 6 less informed respondents, the majority have a negative attitude 5 respondents (7.5), and of the 61 well-informed respondents, most have positive attitudes in assisting the patient to adapt to the basic requirements of the sufferer of Stroke is 47 respondents (70.1%).

Table 2. The Relationship of Education, Gender, Experience and Knowledge with Family Attitudes In Prevention of Depression In RSUD Indrasari Rengat (N = 67)

Factors	Family Attitude		Total		P Value
	Negative	Positive	n	%	
Education					
Low	14	20.9	40	59.7	80.6
High	2	3.0	11	16.4	19.4
Total	16	23.9	51	76.1	0.718
Gender					
Male	9	13.5	13	19.4	32.9
Female	7	10.4	38	56.7	67.1
Total	16	23.9	51	76.1	100
Experience					
No experience	15	22.4	31	46.3	68.7
There's experience	1	1.5	20	29.8	31.3
Total	16	23.9	51	76.1	100
Knowledge					
Low	5	7.5	3	4.5	12
Good	11	16.4	48	71.6	88
Total	16	23.9	51	76.1	100

Table 2 shows that respondents with both low and high education mostly had a positive attitude in helping patients perform post-stroke depression prevention, with low education 40 respondents (59.7%), and higher education 11 respondents (16.4%). For sex, both men and women were mostly positive, namely 13 male respondents (19.4%), and 38 women (56.7%). The bivariate test obtained a P value of 0.022, meaning that there was a relationship between gender and family attitude in helping patients prevent post-stroke depression. The majority of respondents who had no experience of treating stroke patients had a positive attitude towards post-stroke depression prevention, 31 respondents (46.3%). As with respondents with experience, the majority had positive attitudes towards post-stroke prevention 20 respondents (29.8%). The result of the bivariate test was a relationship between the experience and attitude of the family in the prevention of post-stroke depression, with a P value of 0.013. For families with less knowledge, the most negative attitude was 5 respondents (7.5%), and families with good knowledge, mostly had a positive attitude, 48 respondents (71.6%). In the bivariate test, there was a relation between family knowledge of poststroke depression and family attitude in post-stroke depressive prevention with a p-value of 0.016.

DISCUSSION

According to research, the majority of families who help care for patients in hospitals are female. It is in line with a study conducted by Irwan Muhammad (2021) that the female sex is the dominant family treating patients in the hospital of Arifin Ahmad Pekanbaru. Similarly, with Nandha et al (2020) study, stated that the majority of families who care for family members who suffer from stroke are women (Nandha, Adisty, & Hartati, 2020). A study by Eva et al (2018) also indicated that most nurses suffer from stroke (Eva, Prambuka, & Enggelina, 2018). This indicates that women are the most helpful families in treating or caring for stroke sufferers in hospitals. One factor causing the majority of those treating stroke patients

is women because of the norms and culture that exist in Indonesian society. In Indonesian society, women play a greater role in household care, such as cooking, washing, and caring for husbands and the sick, while men play a more important role in earning a livelihood, so in this case women have a more significant role in the care of their sick family members (Utami, 2013). Moreover, women often have better skills or experience in caring, and women are more accustomed to providing physical and emotional care to the ill. Women are also more empathic and caring, so women are more motivated to give intensive care and attention to family members who have suffered a stroke. From the bivariate test results, there is a relationship between gender and family attitudes in helping patients adapt to meet the basic needs of stroke sufferers. Gender relationships with family attitudes to prevent post-stroke depression also have a meaningful relationship. Attitude is the tendency to respond both positively and negatively to people, objects, and situations. In other words, attitude is a tendency to think, perceive, and act. In this study, the attitude of treating stroke patients and attitude towards the prevention of post-stroke depression is related to gender. Family attitudes in helping patients perform post-stroke depression prevention are crucial to the recovery process and better quality of life for patients. Based on the educational level, most respondents or families of patients have a low level of education. In low-educated respondents, most have a positive attitude toward helping patients adapt to meet the basic needs of stroke sufferers and a post-stroke depression prevention attitude. In the bivariate test results, there was no correlation between the level of education and the family attitude in helping patients adapt to meet the basic needs of stroke sufferers and the prevention of post-stroke depression. Education can influence attitudes, but other factors play a role in shaping attitudes such as personal experience, family values, religion, and culture (Budiman & Riyanto, 2013). Personal values and beliefs are very powerful factors in shaping the attitudes of a person. Experience factors of caring for family members suffering from stroke will also influence family attitudes in helping to meet basic needs of patients such as bathing, clothing, small and large pissing, eating, and drinking and family attitude in doing post-stroke depression prevention. Education can provide better knowledge and information about values, and culture. People with higher education will have greater access to stroke treatment and post-stroke depression prevention.

Experience relates to family attitude in helping patients adapt to meet the basic needs of stroke patients and attitude to prevent post-stroke depression. In other words, the family has a desire to help the stroke family members to meet the basic needs of stroke sufferers such as bathing, clothing, small and large pissing, as well as eating and drinking. The family also wants to help in the prevention of post-stroke depression. Post-stroke depression is a prolonged sad feeling characterized by frequent fainting, reluctance to talk, decreased appetite, and difficulty sleeping that occurred for at least 2 weeks. Stroke sufferers are often unable to communicate their intentions and purposes, only able to use body language or signal language to convey what they want. These things often cause a person to suffer from depression, especially if the attention or support of the family is lacking (Susilawati et al., 2014). Experience is one of the factors that influences attitudes. Something that we've experienced and are experiencing will shape and influence our attitude to social stimuli. The reaction will be one of the foundations of the attitude. In this case, the experience of treating a family member who has suffered a stroke gives a positive attitude or family desire to help the stroke patient meet their basic needs and the family wishes to prevent post-stroke depression. Knowledge relates to the attitude of the family in meeting the basic needs of the Stroke patient and the prevention of post-stroke depression. The results of this study are similar to the Irwan Muhammad study (2021) which states that there is a meaningful relationship between family knowledge and participation in the treatment of stroke patients (Anggun, Tiyas, & Fuad, 2022). According to Azwar in Budiman and Riyanto (2013), knowledge is one of the factors that influence attitude formation.

Knowledge has a major impact on an individual's attitude to a variety of issues, situations, or issues (Budiman & Riyanto, 2013). A good knowledge of an object can help an individual make an accurate evaluation, which will further influence the attitude towards the object. In this study, most families have a good knowledge of how to adapt to the basic needs of stroke sufferers, ranging from the adaptation of bathing, clothing, small and large pissing, as well as adaptation to the satisfaction of eating and drinking needs. This good family knowledge will have an impact on the positive attitude of the family that is willing to help meet the basic needs of family members who suffer from stroke. The family's knowledge of post-stroke depression mostly belongs to the good category. It is important for the family to know about post-stroke depression so that the family is expected to have a positive attitude in the prevention of post-stroke depression. Encourage and involve stroke sufferers in family and community activities such as worship, religious activities, and other activities. Involve him in every decision-making that concerns his treatment and care. Don't let the patient be lame and alone, make friends and talk. Show the patient, in words and deeds, that the family always supports and supports the patient's recovery. Give confidence that the patient is still biased to recover even for a long time, and explain that many other stroke patients have the same problem. Helping patients to do their normal activities with limitations, especially meeting everyday needs such as bathing, clothing, eating, and walking around the house.

CONCLUSION

The majority of respondents are female, educated (lower level than high school), have no experience in treating family members who have suffered a stroke, respondent knowledge of adaptation to the basic needs of stroke sufferers and knowledge of post-stroke depression are mostly good categories. The family attitude in helping patients adapt to meet the basic needs of stroke sufferers as well as the family attitude in helping people with stroke to prevent post-stroke depression are also mostly positive attitudes.

BIBLIOGRAPHY

Anggun, E., Tiyas, M., & Fuad, W. (2022). Hubungan pengetahuan dan lama merawat dengan sikap keluarga dalam merawat penderita stroke. *Jurnal Kesehatan*, 15(1).

Basit, M., & Mahmudah, R. (2019). Analisis faktor kejadian depresi pada klien pasca stroke Suku Banjar Banjarmasin. *Dinamika Kesehatan Jurnal Kebidanan Dan Keperawatan*, 10(2).

Budiman, & Riyanto, A. (2013). *Kapita selecta kuesioner dan sikap dalam penelitian kesehatan*. Jakarta: Salemba Medika.

Eva, R., Prambuka, K., & Enggelina, M. (2018). Dukungan anggota keluarga dan activity of daily living (ADL) pada penderita post stroke di Klinik Utama Graha Medika Salatiga. *IJMS-Indonesian Journal on Medikal Science*, 5(1).

Harmayetty, Ni'mah, L., & Shafly, A. (2020). Hubungan dukungan keluarga dan kepatuhan rehabilitasi dengan kemandirian pasien pasca stroke. *Jurnal Keperawatan Medikal Bedah Dan Kritis*, 9(1).

Indrasari Rengat Hospital Medical Record. (2021). *Annual stroke report*.

Irwan, M. (2021). Hubungan pengetahuan dan sikap keluarga dengan keikutsertaan perawatan pasien stroke. *Ensiklopedia of Journal*, 3(2).

Kusuma, K. (2018). *Adaptasi setelah stroke menuju kualitas hidup yang lebih baik*. Yogyakarta: Deepublish.

Ministry of Health of the Republic of Indonesia. (2013). *Stroke control guidelines*. Jakarta: Ministry of Health of the Republic of Indonesia.

Nandha, Y., Adisty, P., & Hartati, E. (2020). Faktor yang berhubungan dengan beban care giver dalam merawat keluarga yang mengalami stroke. *Journal of Holistic Nursing and Health Science*, 3(1).

Nurhidayah, I., Nismah, Tombong, A. B., Yuliyzar, & Kasih, L. C. (2020). Pengalaman keluarga dalam merawat anggota keluarga stroke dengan hemiparase di RSUD H.A. Sulthan Daeng Radja Bulukuma. *Jurnal Perawat Indonesia*, 4(2), 367–382.

Pudiastuti, R. D. (2011). *Penyakit pemicu stroke*. Yogyakarta: Nuha Medika.

Ridwan, M. (2017). *Mengenal, mencegah, dan mengatasi silent killer, stroke*. Pustaka: Romawi Pustaka.

Susilawati, A., Ratep, N., & Putra, K. (2014). *Tinjauan Pustaka, depresi pasca stroke: Diagnosis dan tata laksana*. Bali: Fakultas Kedokteran Universitas Udayana.

Utami, Y. (2013). *Hubungan antara tingkat kemandirian pasien geriatri dengan beban pramurawat yang merawatnya di RSUPN Dr. Cipto Mangunkusumo Jakarta*. Universitas Indonesia.