



Relationship Of Family Support To Post Stroke Depression Levels In Outpatient Installation

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Abstract - Introduction: After stroke, patients have biological impact such as physical changes, and psychological changes such as post stroke depression (PSD). The impact of a psychological response caused by a loss reaction. Paralysis, stiffness of the limbs, and communication disorders decrease patients in functional ability. As a result, patients become unable to carry out activities independently and will be very dependent on the people around them. The closest people are those who live together with patients or the family. **Method:** The design of this study was descriptive correlational with a cross sectional design. The sampling technique used quota sampling as many as 60 respondents. The data were collected by questionnaire of respondents characteristics, family support, and Hamilton Depression Rating Scale (HDRS) questionnaire. The data were analyzed by Kendall Tau statistical test. **Results:** Good family support and no depression as many as 29 respondents (60%). Medium family support with mild depression level as many as 7 respondents (58%). Based on the results of the Kendall Tau test analysis, obtain p-value of 0.025 (<0.05). **Conclusion:** There is a significant correlation between family support toward post stroke depression levels in outpatient installation of RSUP Dr. Kariadi Semarang. **Suggestion:** Nurses can provide counseling and health education to families to prevent post stroke depression.

Keywords: Family support, post stroke, post stroke depression.

I. INTRODUCTION

[1]stroke is the third most common disease that causes death in the world. According to the Indonesian Stroke Foundation, the number of stroke sufferers in Indonesia is in the first position as the country with the most strokes in all of Asia. According to [1], Central Java Province is ranked 10th with a stroke incidence rate of 12.3 per 1000 population. Data from the profile of the Central Java Provincial Health Office (2012) noted that the highest cases of stroke were in Semarang City, amounting to 4,516 (17.36%).

Data on stroke patients in Dr. Kariadi Semarang shows that the number of visits for stroke sufferers in 2015 was 1,483 visits, then in 2016 it was 3,105 visits, and in 2017 it referred to 5,901 visits (Medical Record Installation Data of Dr.

Kariadi Hospital Semarang). Some of the changes experienced by stroke patients include physical changes and psychological changes. Physical changes are the result of biological impacts. According to [2], the biological effects of post-stroke patients include paralysis in part of the body, stiffness in certain limbs, and / or communication problems. Meanwhile, psychological changes in stroke patients are due to mood abnormalities, sadness, depression, and self-blame.

According to [3], 54% of 100 stroke sufferers suffer from post-stroke depression (PSD). The impact of a psychological response can be caused by a loss reaction. Physical changes after a stroke make the patient experience a decrease in functional ability. As a result, the patient is unable to carry out activities independently and will be very dependent on the people around him or what is called family.

Other factors that cause post-stroke depression include age, gender, education, occupation, comorbidities, duration of a stroke, functional ability, period of stroke, family support, location of lesions, and size of infarction. Although the incidence of post-stroke depression is high, this complication is still not being considered. Low motivation and hope for a recovery of sufferers and lack of family support have the potential to create burdens and lead to stress.

According to [4], [5], [6] showed that patients with good family support tend to experience milder depression. However, in the same year, Outpatient Installation at Kediri Baptist Hospital got different results, more than 50% of patients with good family support and family support were experiencing the same level of depression. Based on the above phenomena, it can be concluded that there is a gap between theory and some research results. Therefore, researchers are interested in conducting further research on "The Relationship of Family Support to Post Stroke Depression Levels in the Outpatient Installation of Dr. Kariadi Semarang".

II. METHOD

This type of research used in this research is a descriptive correlation with a cross-sectional approach. The population in this study were post-stroke patients with a diagnosis of non-hemorrhagic stroke who were undergoing outpatient treatment at Dr. Kariadi Semarang as many as 72 people and the sample size was determined

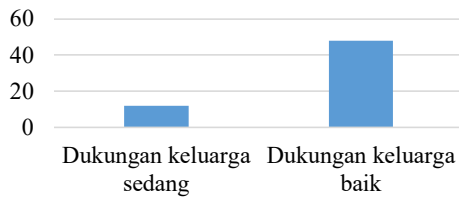
by the Slovin formula. The sampling technique of this research is quota sampling. The measuring instruments in this study were the questionnaire on respondent characteristics, family support, and the Hamilton Depression Rating Scale (HDRS) questionnaire. The hypothesis test used is the Kendall Tau test.

III. RESULTS AND DISCUSSION

A. Univariate analysis

1. Family Support

Diagram 4.1 Frequency Distribution of Post-Stroke Patient Family Support in Outpatient Installation Dr. Kariadi Semarang



Based on the results of the study (see diagram 4.1), it was found that the most family support of post-stroke patients was the classification of good family support, namely 48 people (80%) and moderate family support of 12 people (20%).

Good family support can be seen from the fulfillment of the four dimensions of family support, namely emotional support, instrumental support, informational support, and assessment support. Medium family support must meet at least 2-3 dimensions of family support. Meanwhile, less family support must fulfill 1 or less than 1 dimension of family support.

The most support received by patients is emotional support. Emotional support is a form of support where the family is a safe and peaceful recovery place to rest and helps psychologically stabilize emotions and control oneself. Family support, especially emotional support, will indirectly provide strength to a person [7].

The next most support is instrumental support at 24%. The instrumental support most patients feel is that the family plays an active role in every treatment and care of the patient's illness, finances the cost of treatment and medication, and the family is ready to help in carrying out daily activities.

Assessment support is the third most felt support for patients with good family support, with a percentage of 23%. According to [7] assessment support is support in the form of positive assessments, reinforcement (justification) for doing something, feedback, or showing comparisons that open up insight into someone who is sick.

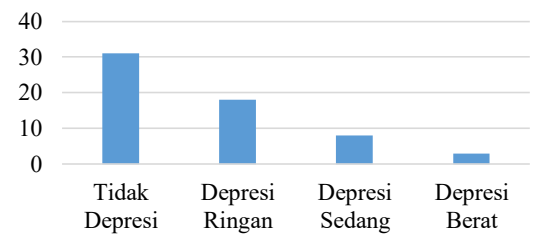
The lowest family support received by patients with good family support was informational support, namely 22.75%. Informational support that can be provided includes families seeking information on how to care for patients such as providing medical needs. According to [8], providing sufficient information allows patients to know about their disease so that they are motivated to carry out the treatment.

The results of this study are in line with the results of research [9] which states that someone with high family

support will be more successful in dealing with and overcoming problems than those without family support. According to Sit, Wong, Clinton, Li, and Fong, it is shown that family support for post-stroke patients can improve their ability to be better and with family support, psychosocial health status of post-stroke patients will improve.

2. Post Stroke Depression

Diagram 4.2 Frequency Distribution of Post Stroke Depression Characteristics in the Outpatient Installation of Dr. Kariadi Semarang



Based on the results of the study, it was found that there were 31 post-stroke patients (51.7%) who did not experience depression, while 29 patients (48.3%) had mild to severe depression. Patients are said to be not depressed if the HDRS questionnaire score is less than 17. In this study, depression is divided into three classifications, namely mild depression, moderate depression, and major depression.

According to the results of the study, it was found that 31 post-stroke patients did not experience depression (51.7%). Based on the results of the questionnaire, patients who are not depressed still experience several signs of depression, including feelings of sadness, feelings of guilt, and feelings of helplessness. This study did not find that early elderly age (46-55 years) was one of the causes of depression, but this study found that patients with late elderly age (56-65 years) had an increased risk of depression by 56.5%.

This study found that as many as 54.8% of male patients did not experience post-stroke depression. This focuses on the study [10] which states that the severity of depression in men depends more on the presence of physical disabilities because men are more concerned about work disability. Changing roles and decreasing social interactions and job losses can make men vulnerable to mental problems including depression.

Based on the results of the study, the period of stroke most of the patients was a stroke in the first attack, namely 51 people (86.4%). This study found that patients with first attack stroke and second attack stroke did not have a significant comparison in the incidence of depression. Also, this study found that 18 patients had mild depression (30%).

Increasing age is assumed to decrease the body's ability to adapt to environmental stress. changes in physical function, cognitive to psychosocial changes that will facilitate depression in the elderly.

This study found that 66.7% of patients with mild depression were patients whose lesions were located in the right hemisphere. In fact, according to several research articles, it was found that left hemisphere lesions were often associated with depression. This is because the lesions in the left hemisphere cause paralysis and motor

weakness of the right side of the body. While the majority of humans perform dominant activities with the right side of the body.

Based on the results of the study, it was found that patients who experienced severe depression were 2 female patients (66.7%). Other findings for a milder level of depression found more male patients. The severity of depression in women depends on hormonal stability, the effects of birth, psychosocial stress, and the behavioral model of hopelessness being studied.

This study found that major depression patients were patients with a late college education. Individual characteristic factors do not stand alone to produce post-stroke depression but these factors integrate with physical, mental, and social factors.

B. Bivariate Analysis Result

The Relationship between Family Support and Post Stroke Depression Levels in the Outpatient Installation of Dr. Kariadi Semarang

Family Support	Post-Stroke Depression					Total r count	P value
	Non Depression	Mild Depression	Moderate Depression	Major Depression			
Good Family Support	F	29	10	7	2	48	0.255 0,025
	%	60.4%	20.8%	14.6%	4.2%	100%	
Moderate Family Support	F	2	8	1	1	12	0.255 0,025
	%	16.6%	66.8%	8.3%	8.3%	100%	
Total	F	31	18	8	3	60	0.255 0,025
	%	77%	87.6%	22.9%	12.5%	100%	

Based on the results of the Kendall tau test, it is found that the tau correlation test is 0.255 with a p-value of 0.025 ($\alpha = 0.05$), it can be concluded that there is a significant relationship between family support and the level of post-stroke depression in the Dr. Kariadi Semarang. This study found that out of 60 respondents, 29 people (60.4%) had good family support and did not experience depression. Meanwhile, 8 patients with family support experienced mild depression (66.8%).

According [11], family support is increasingly needed when someone is facing problems or illness, this is where the role of family members is needed to go through difficult times quickly. This is related to the weakening of the body after a stroke, especially at the beginning of the disease. According to [12] family support refers to the assistance that individuals receive from other people or groups around which make the recipient feel comfortable, loved, and appreciated and can have a positive effect on him/her [13].

This study found that patients with major depression are female and elderly patients. According [14], elderly women experience depression more quickly because the hormones in women are more volatile or cause depression and for recovery, it is also the slowest because women use feelings in dealing with any problems, both from their family and from themselves. According [15], the family plays a supportive role during the healing and recovery

period. The support provided by his extended family is not the same as one another. According to [11],[16] to understand the source of post-stroke depression, we must see this depression as an integration of several factors, both individual, physical, mental, and social factors, with analysis on a larger baseline.

IV. CONCLUSION

Based on the results of the research and the results of the discussion above, it can be concluded that there is a significant relationship between family support and the level of post-stroke depression in outpatients at Dr. Kariadi Semarang with statistical test results using Kendall Tau obtained p-value 0.025 ($\alpha = 0.05$). The tau correlation value is 0.255 and the direction of the positive relationship means that the less family support, the higher the level of post-stroke depression.

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