DESCRIPTION OF THE QUALITY OF LIFE OF STROKE PATIENTS

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Edy Suprayitno[1]* , Deasti Nurmaguphita[1], Widiastuti Widiastuti[1]

Abstract

Introduction: *Stroke is a disease that causes the highest mortality. Stroke causes disruption of activity and changes in quality of life. It is necessary to study the quality of life of stroke patients. The purpose of this study was to determine the description of the quality of life of patients suffering from stroke.*
Methods: *This type of research is descriptive with accidental sampling method; data was taken for 1 month and obtained 33 samples. Inclusion criteria: stroke patients treated in the internal medicine ward, fully conscious and able to speak. The questionnaire used the SS-QOL questionnaire (5 domains of quality of life: energy, family roles, language, mobility, mood, personality, self-care, social role thinking, upper extremity function, vision, work/productivity).*
Results: *The results showed that the good category of quality of life was the role of family, mood, and personality. The domains of language skills, social roles, thinking/cognitive, extremity function, vision, work. Productivity in the medium category. While the domains of mobility, self-care, and low energy abilities.*
Conclusions: *it is necessary to monitor and fulfill patient care needs so that the quality of life of stroke patients is increasing.*

Keywords: *quality of life, selfcare, stroke, pastient care*

[1] Universitas 'Aisyiyah Yogyakarta, Yogyakarta, Indonesia

Corresponding Author
Lastri Mei Winarni
Nursing Program at Universitas Yatsi Madani, Tangerang, Indonesia
Email: lastri@uym.ac.id

INTRODUCTION

Stroke is a condition of physical changes caused by cerebral disorders and occurs quickly (24 hours) and causes death (Donkor, 2018). The second highest stroke mortality rate and the third leading cause of disability in the world (Feigin et al., 2022), (Padberg et al., 2021). Stroke occurs due to high blood pressure, unhealthy lifestyle, unbalanced diet, obesity, alcohol use and not exercising (Lindsay et al., 2019). The negative impacts of stroke include: damage to physical function, muscle strength and decreased nerve function, fatigue, limited activity (Marcin, 2016), (Stinear et al., 2020), (Padberg et al., 2021). Stroke will cause a decrease in the quality of life and these conditions are interrelated (Ramos-Lima et al., 2018). More specifically, it has an impact on physical function, impaired activity and general health, (Chen Q et al., 2019), (D. Y. Kim et al., 2020).

Quality of life is a state of physical, mental and social well-being, and no disturbing disease and no physical, mental and social disorders (Post, 2014). Quality of life is influenced by individual and environmental factors (Endarti, 2015). Individual factors can be in the form of age, gender, level of education (Tsalta-Mladenov & Andonova, 2021). Psychological factors include survival, anxiety, physical function, depression and social status (Liu et al., 2019), (Wang & Langhammer, 2018). Environmental factors include residence, companion relationships (Ezekiel et al., 2019).

This condition requires further advance treatment (D. Y. Kim et al., 2020). However, early stroke management and assessment of quality of life are important factors in the process of treating stroke patients (Ramos-Lima et al., 2018).The purpose of this study is to provide an overview of the quality of life of stroke patients.

METHODS

Study Design

This type of research is descriptive with accidental sampling method.

Population, Samples, and Sampling

The data was taken for 1 month and 33 samples were obtained. Inclusion criteria: stroke patients admitted to the internal medicine ward, fully conscious and able to speak.

Instruments

The questionnaire used the SS-QOL questionnaire (12 domains of quality of life: energy, family roles, language, mobility, mood, personality, self-care, social roles thinking, upper extremity function, vision, work/productivity). The SS-QOL questionnaire has been tested for validity and reliability into Indonesian with the following results: reliability 0.92 (Cronbach's alpha) and validity of 0.98 so that it is declared valid and reliable to be carried out as a research tool (Anonymous, 2014).

Procedure

Researchers do permission and conduct ethical tests. Then determine the sample based on the inclusion criteria. Respondents received an approval sheet and filled out a questionnaire if they agreed to participate in the study. Questionnaires were given to stroke patients for a period of 1 month and still using the Health protocol.

Data analysis

Data analysis was carried out by describing the results of the questionnaire by calculating the average score of each question and making it in the very low to very good category.

Etical clearence

The ethical clearance was carried out at the PKU Muhamamdiyah Hospital of Yogyakarta KEP 00195/KT.7.4/VII/2022.

RESULTS

Based on the results of the study, the results are stated in the table below :

Based on table 1, the following results are obtained: 54.54% of respondents are male and the rest are female. The highest education of respondents is SMA with 69.7% and only 12.1% have higher education. Most of the jobs are private (39.4%) and 3% are civil servants. Most of the patients were accompanied by their biological children by 60.7%% and the rest were couples and other people.

Based on table 2, it is found that the average domain of respondents is categorized as follows: the highest average domain is family role (4.33) and the lowest is energy (1.8). When viewed from the category of family role, mood and language are in the good category. Then the domains of social roles, thinking, limb function, vision, and work/moderate productivity. Sentara mobility, self-care and energy in the low category.

Table 1. Characteristics of responden (N=33).

Characteristics	f	(%)
Sex		
Man	18	54,54
Woman	15	45,46
Education		
Elementary school	3	9,1
Junior High School	3	9,1
Senior High School	23	69,7
University	4	12,1
Occupation		
Private sector	13	39,4
Housewife	8	24,25
Government employee	1	3
Retire	5	15,16
Farmer	6	18,19
Family companion		
Husband	3	9,1
Wife	4	12,1
Son/daughter	20	60,7
Husband/wife and Son	2	6,1
Other people	4	12,1

DISCUSSION

Stroke is a condition associated with ischemia and bleeding in the brain which results in disruption of body functions (Topçu, 2021).The SS-QOL questionnaire is significantly able to measure multidimensional problems due to stroke conditions and provide initial information before rehabilitation (Pedersen et al., 2021).The results of the initial measurement can be used as an indicator of the patient's quality of life, especially in the social domain (Alotaibi et al., 2021). Based on the results of the study, it is clear that all aspects still require attention.

Based on the results of the item analysis, the patient felt that he was not a burden on his family, felt undisturbed and still hung out with his family. This shows that the role of the family plays an important role. Family support has a strong relationship to the care of post-stroke patients (Kurniawati et al., 2020), family support is very significant to health quality of (Mant et al., 2000), (Elloker & Rhoda, 2018). Respondents Most of them get attention from their partners (husband or wife), especially children (60.7%). The family gives full attention and does not limit the patient's activities to communicate (Khalid et al., 2016). The family is the key in providing care for stroke patients and requires a long time of care (Elloker & Rhoda, 2018). Male gender tends to be stronger than female, female tends to have a lower quality of life than male (Mahesh et al., 2018).

Stroke patients will experience mood or emotional disorders which result in lower quality of life (J. S. Kim, 2016),

(López Espuela et al., 2020). Mood assessment is the main thing to provide therapy in stroke patients (Doruk et al., 2016). Based on the research, the mood/mood of stroke patients was in the good category (average 4.3). This happens because the patient never gives up and still has high self-confidence. A good mood occurs because of a decrease in the intensity of sadness, crying, always happy (Ferro & Santos, 2020). One of the factors that affect mood is self-confidence (Lapadatu & Morris, 2019).

Personality is closely related to a person's health status (Weston et al., 2014). Personality is often associated with changes in health status that are chronic (Ruijter et al., 2022). The results showed that the personality of stroke patients was in the good category. Based on the item analysis, it was found that although the patient had a stroke, the patient did not experience personality changes and was emotionally stable (not easily offended).

The components of the quality of life of stroke patients which are included in the moderate category have 6 domains. Aphasia and cognitive impairment are caused by damage to parts of the brain (Price et al., 2010), (Gerstenecker & Lazar, 2019), (Alladi et al., 2016). 25.4% of stroke patients experience visual impairment (Sand et al., 2016). Based on item analysis Respondents experienced impaired concentration, began to reduce social activities, and reduced vision. Stroke is also a major cause of mobility/extremity disorders (Remsik et al., 2016).

Domains that fall into the low category are: mobility, self-care and energy. This condition often occurs in stroke patients (Safaz et al., 2016). Physical activity, fulfillment of needs and self-care are the main impacts of stroke patients and 75% of patients try to recover from illness (Sahely et al., 2022).

Tabel 2. Mean of score quality of life domain (N=33).

Domain	Rata-rata	Kategori
Role of Family	4,33	Good
Mood	4,3	Good
Personality	3,9	Good
Language	3,2	currently
Social support	3,41	currently
Cognitive	3,1	currently
Extremitas fungtion	2,8	currently
vision	3,2	currently
Work/ Productivity	2,75	currently
Mobility	2,12	Low
Self care	2,4	Low
Energy	1,8	Low

Overcoming these problems is done by sharing various methods including education about stroke disease, treatment plans, patient support from families and health workers (Gallacher et al., 2018). The AHA recommends that the rehabilitation of stroke patients is carried out in a collaborative manner with families and nurses to provide care, an initial assessment of functional disorders is required (Gittler & Davis, 2018). In addition, physiotherapy treatment can also be carried out, meeting patient needs, home visits (Aslani et al., 2016), (Limbasiya et al., 2022) (Topçu, 2021). The main component of stroke rehabilitation is to increase the patient's knowledge, skills and confidence (Sahely et al., 2022).

Through this study, researchers provide conclusions and suggestions that quality of life is the main predictor in assessing the quality of life of patients and is also a measure of the success of nursing care. The stroke care team always

collaborates with the family to improve the patient's quality of life.

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CONFLICT OF INTEREST

There is no conflict of interest in this study.

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