

## The Influence Of Family Knowledge On The Care Of Stroke Patients At Home In The Somba Opu Health Centre Working Area

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### Abstract

**Background;** Family knowledge about stroke patient care at home is very important to support the patient's recovery rate and quality of life. Some things that families need to know about stroke patient care at home such as *bed positioning, sitting positioning, feeding,* and range of motion (ROM) exercises. **Aim;** to know the family towards stroke patient care. **Method;** This study used a quantitative research design using a *cross sectional* approach with a sample size of 32 respondents. **Result;** Based on the results of statistical analysis, it was found that several variables had a significant influence on the care of stroke patients at home in the Somba Opu Health Centre working area. These variables include sleeping position ( $p=0.020$ ), sitting position ( $p=0.020$ ), feeding ( $p=0.020$ ), and range of motion exercises ( $p=0.004$ ), all of which showed  $p<0.05$ . **Conclusion;** There is an influence of family knowledge on sleeping position, sitting position, feeding, range of motion exercises with stroke patient care at home in the somba opu health centre working area.

**Keywords:** *Family Knowledge of Sleeping Position, Sitting Position, Feeding.*

## **BACKGROUND**

Stroke is a dangerous disease with a high mortality rate. According to WHO (2018), the prevalence of stroke deaths reaches 70% and disability reaches 87% worldwide, making stroke one of the leading causes of death and disability. Data from the World Stroke Organisation (2019) shows that there are more than 13.7 million new stroke cases each year, with approximately 60% of cases occurring in the age range below 70 years and the number of deaths reaching 5.5 million people worldwide. In addition, data from the Global Burden of Disease shows that one in four people in the world experience a stroke, and there are currently more than 80 million people living with stroke.

When stroke patients are discharged home, most of the care is provided by the family. Family involvement as caregivers is essential in planning activities and assessing needs in rehabilitation settings (Creasy et al., 2016). Based on the results of Riskesdas in 2018, the prevalence of stroke in Indonesia increases with age. The highest stroke cases diagnosed from health workers occurred at the age of 75 years and over (43.1%) and the lowest in the age group of 15-24 years (0.2%). Stroke prevalence by gender was higher in males (7.1%) compared to females (6.8%), and stroke prevalence in urban areas was higher (8.2%) compared to rural areas (5.7%).

The role of the family in the care of stroke patients is very important to increase patient independence, self-confidence, reduce disability, and prevent recurrent stroke (Irdawati and Ambarwati, 2017). Family knowledge about stroke patient care at home, such as sleeping position, sitting position, feeding, and range of motion exercises, is very important to support the patient's recovery rate and quality of life (Lee et al., 2019). Some studies show that many families of stroke patients have insufficient knowledge about stroke care at home, as found by Roza et al. (2018), Simandalahi (2018), and Kurniasih et al. (2020).

Stroke is a serious medical condition that occurs when the blood supply to part of the brain is interrupted or reduced, resulting in the brain tissue not getting enough oxygen and nutrients. This causes brain cells to start dying within minutes. A stroke can be caused by a blockage (ischaemic stroke) or leakage or rupture of a blood vessel (haemorrhagic stroke). Any stroke that disrupts blood flow and is not immediately given emergency medical attention can cause brain cells to die. The increasing incidence and mortality of stroke means that families must take part in the care of stroke patients at home.

Stroke patient care at home is a crucial aspect in the recovery process and improving the patient's quality of life. Here are some important aspects of stroke patient care at home:

- a) Bed Positioning:
- b) Sitting Positioning:
- c) Feeding:
- d) Range of Motion (ROM) exercises:
- e) Skin Hygiene and Care
- f) Health Monitoring:
- g) Emotional and Psychosocial Support:
- h) Family Education:

Family knowledge regarding stroke patient care is very important as it can affect various aspects of the patient's recovery and quality of life. Here are some ways in which family knowledge affects stroke care:

- a) Improved Quality of Care:
- b) Use of Proper Maintenance Techniques:
- c) Complication Prevention:

- d) Reducing Aspiration Risk:
- e) Improving Patient Independence:
- f) Support in Physical Training
- g) Motivation and Emotional Support:
- h) Reducing Psychosocial Burden:
- i) Improving the Quality of Family Life:
- j) Support for Long-term Health:
- k) Management of Chronic Complications:
- l) Continuing Education:

Consultation with a Health Professional: .Sleeping Position, Sitting Position, Feeding, Range of Motion Exercises

- a. Bed Positioning
- b. Sitting Positioning
- c. Feeding
- d. Range of Motion (ROM) Exercises

## **METHODS**

This study used quantitative methods with a cross-sectional approach. The aim was to analyse the effect of family knowledge on the care of stroke patients at home in the working area of Somba Opu Health Centre. The population was all families of patients in the working area of Puskesmas Somba Opu, totalling 110 families. The research sample was 32 patient families, selected using purposive sampling technique. Determination of the number of samples using the Slovin formula with an error rate of 0.15. Sampling criteria were inclusion criteria: Families who care for stroke patients at home and are willing to be respondents and Exclusion Criteria: Families of patients who are seriously ill, use walking aids, or do heavy physical activity 24 hours before the study. Time July to September 2022 place in Somba Opu Health Centre working area. The research instrument used a questionnaire with a Guttman scale (Yes = score 2, No = score 1).

Primary data collection by direct interview using questionnaires. Secondary data is the patient's family in the Somba Opu Health Centre working area. Data processing editing is Checking and classifying data, Coding: Giving codes to the data to facilitate processing, and abulation: Grouping data in tabular form. Univariate analysis by calculating the frequency distribution and percentage of each variable. Bivariate analysis using the Wilcoxon test with a significance level of  $\alpha=0.05$ .

## **RESULTS AND DISCUSSION**

Data processing was carried out using the SPSS version 23 application which was presented in tabular form accompanied by an explanation. Data analysis was carried out using the Chi- square statistical test with a value of the degree of significance of  $p \leq 0.05$ . If the probability is smaller than  $p \leq 0.05$ , then  $H_0$  is rejected and  $H_a$  is accepted, which means that there is a significant relationship between the dependent variable and the independent variable.

1. Univariate analysis is a way of describing or describing the data that has been collected as it is without making conclusions that apply to the public or generalisation.
  - a. Distribution of Respondents Based on Family Knowledge of Sleeping Position

Table 1. Frequency Distribution of Family Knowledge of Sleeping Positions at Somba Opu Health Centre in 2022

<b>Family Knowledge Sleep</b>	<b>Total</b>	<b>Percentage</b>
<b>Position</b>		
Less	2	6.3 %
Good	30	93.8 %
Total	32	100

**Source: Primary Data 2022**

Based on table 1, it was found that out of 32 respondents, 30 respondents (93.8%) had good sleeping position family knowledge, while 2 respondents (6.3%) had poor sleeping position family knowledge.

b. Distribution of Respondents Based on Family Knowledge of Sitting Position

Table 2. Frequency Distribution of Family Knowledge of Sitting Position at Somba Opu Health Centre in 2022

<b>Family Knowledge of Sitting Position</b>	<b>Total</b>	<b>Percentage</b>
Less	2	6.3 %
Good	30	93.8 %
Total	32	100

**Source: Primary Data 2022**

Based on table 2, it was found that out of 32 respondents, 30 respondents (93.8%) had good sitting position family knowledge, while 2 respondents (6.3%) had poor sitting position family knowledge.

c. Distribution of Respondents Based on Family Knowledge of Feeding

Table 3 Frequency Distribution of Family Knowledge of Feeding at Somba Opu Health Centre in 2022

<b>Family Knowledge of Feeding</b>	<b>Total</b>	<b>Percentage</b>
Less	2	6.3 %
Good	30	93.8 %
Total	32	100

**Source: Primary Data 2022**

Based on table 3, it was found that out of 32 respondents, 30 respondents (93.8%) had good family feeding knowledge, while 2 respondents (6.3%) had poor family feeding knowledge.

d. Distribution of Respondents Based on Family Knowledge of Range of Motion Exercises.

Table 4 Frequency Distribution of Family Knowledge of Range of Motion Exercises at Somba Opu Health Centre in 2022

Family Knowledge Range of Motion Exercise	Total	Percentage
Less	7	21.9 %
Good	25	78.1 %
Total	32	100

**Source: Primary Data 2022**

Based on table 4, it was found that out of 32 respondents, 25 respondents (78.1%) had good family knowledge of range of motion exercises, while 7 respondents (21.9%) had poor family knowledge of range of motion exercises.

e. Distribution of Respondents Based on Stroke Patient Care

Table 5 Frequency Distribution of Stroke Patient Care at Somba Opu Health Centre in 2022

Stroke Patient Care	Total	Percentage
Less	5	15.6 %
Good	27	84.4 %
Total	32	100

**Source: Primary Data 2022**

Based on table 5, it was found that out of 32 respondents, 5 respondents (15.6%) had good stroke patient care, while 27 respondents (84.4%) had poor stroke patient care.

2. Bivariate Analysis

Distribution between family knowledge variables of sleeping position with stroke patient care.

- a. Analysis of the Influence of Family Knowledge of Sleep Position with Stroke Patient Care at Somba Opu Health Centre.

Table 6. Influence of Family Knowledge of Sleep Position with Stroke Patient Care at Somba Opu Health Centre in 2022

Family Knowledge Sleep Position	Stroke Patient Care				Total		P Value	A
	Less		Good		n	%		
	N	%	n	%	n	%	0,020	0,05
Less	2	6,3	0	0	2	6,3		
Good	3	9,3	27	84,3	30	93,7		
Total	5	15,6	27	84,3	32	100		

Source: Primary Data 2022

Based on table 6 shows that respondents who have family knowledge of good sleeping positions and good stroke patient care are 27 people (84.3%), respondents who have family knowledge of good sleeping positions and poor stroke patient care are 3 people (9.3%), respondents who have family knowledge of poor sleeping positions and poor stroke patient care are 2 people (6.3%).

Based on the Chi\_Square test, the  $p$  value = 0.020 is smaller than the  $\alpha = 0.05$  value or  $p < 0.05$ . So it can be concluded that there is an influence of family knowledge on sleep position with stroke patient care at somba opu health centre.

b. Analysis of the Effect of Family Knowledge of Sitting Position with Stroke Patient Care at Somba Opu Health Centre.

Table 7. Influence of Family Knowledge of Sitting Position with Stroke Patient Care at Somba Opu Health Centre in 2022

Family Knowledge of Sitting Position	Stroke Patient Care				Total		P Value	A
	Less		Good		n	%		
	n	%	n	%	n	%	0,020	0,05
Less	2	6,3	0	0	2	6,3		
Good	3	9,3	27	84,3	30	93,7		
Total	5	15,6	27	84,3	32	100		

Source: Primary Data 2022

Based on table 7 shows that 27 respondents (84.3%) have good sitting position family knowledge and good stroke patient care, 3 respondents (9.3%) have good sitting position family knowledge and less stroke patient care, 2 respondents (6.3%) have less sitting position family knowledge and less stroke patient care. Based on the Chi\_Square test, the  $p$  value = 0.020 is smaller than the  $\alpha = 0.05$  value or  $p < 0.05$ . So it can be concluded that there is an influence of family knowledge on sitting position with stroke patient care at somba opu health

centre.

- c. Analysis of the Influence of Family Knowledge of Feeding with Stroke Patient Care at Somba Opu Health Centre.

Table 8. Influence of Family Knowledge of Feeding with Stroke Patient Care at Somba Opu Health Centre in 2022

Family Knowledge of Feeding	Stroke Patient Care				Total	P Value	A	
	Less		Good					
	N	%	n	%				
Less	2	6,3	0	0	2	6,3	<b>0,020</b>	<b>0,05</b>
Good	3	9,3	27	84,3	30	93,7		
Total	5	15,6	27	84,3	32	100		

**Source: Primary Data 2022**

Based on table 8 shows that 27 respondents (84.3%) have good family knowledge of feeding and good stroke patient care, 3 respondents (9.3%) have good family knowledge of feeding and poor stroke patient care, 2 respondents (6.3%) have poor family knowledge of feeding and poor stroke patient care.

Based on the Chi\_Square test, the  $p$  value = 0.020 is smaller than the  $\alpha = 0.05$  value or  $p < 0.05$ . So it can be concluded that there is an influence of family knowledge on feeding with the care of stroke patients at somba opu health centre.

- d. Analysis of the Effect of Family Knowledge of Range of Motion Exercises with Stroke Patient Care at Somba Opu Health Centre.

Table 9. Influence of Family Knowledge of Range of Motion Exercises with Stroke Patient Care at Somba Opu Health Centre in 2022

Family Knowledge Range of Motion Exercise	Stroke Patient Care				Total	P Value	A	
	Less		Good					
	N	%	n	%				
Less	4	12,5	3	9,3	7	21,8	<b>0,004</b>	<b>0,05</b>
Good	1	3,1	24	75	25	78,2		
Total	5	15,6	27	84,3	32	100		

**Source: Primary Data 2022**

Based on table 9 shows that respondents who have family knowledge of good range of motion exercises and good stroke patient care are 24 people (75%), respondents who have family knowledge of good range of motion exercises and less stroke patient care are 1 person (3.1%), respondents who have family knowledge of less range of motion exercises and less stroke patient care are 7 people (21.8%).

Based on the Chi\_Square test, the  $p$  value = 0.004 is smaller than the  $\alpha = 0.05$  value or  $p < 0.05$ . So it can be concluded that there is an influence on family knowledge of range of motion exercises with stroke patient care at somba opu health centre.

## **CONCLUSION**

Based on the results of analysis and discussion, it can be concluded that there is an influence of family knowledge on sleeping position with stroke patient care at home in the somba opu health centre working area  $0.020 < 0.05$ . There is an influence of family knowledge on sitting position with stroke patient care at home in the somba opu health centre working area  $0.020 < 0.05$ . There is an effect of family knowledge on feeding with stroke patient care at home in the somba opu health centre working area  $0.020 < 0.05$ . There is an effect of family knowledge on range of motion exercises with stroke patient care at home in the somba opu health centre working area  $0.004 < 0.05$ .

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