

## **Relationship between Family Health Behavior with Improving Patient Functional Capacity Post Stroke in the Dwikora Medan 2022**

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**Keywords:** Family knowledge, attitudes, actions and functional capacities

### **ABSTRACT**

Stroke is one of the probable disease that causes paralysis of the limbs. Stroke patients require comprehensive treatment, including long-term recovery and rehabilitation efforts, even for the rest of the patient's life. The family plays an important role in this recovery phase, so from the start of treatment the family is expected to be involved in patient care. Family knowledge in the care of post-stroke patients is very important to be able to accelerate the independence of post-stroke patients. This study aims to determine the relationship between family health behavior and increasing the functional capacity of post-stroke patients in the Dwikora Medan Area by 2022. The type of research is cross sectional. The study population was a family of post-stroke patients, totaling 30 people. The sampling technique used total sampling. Data collection in this study was carried out by distributing questionnaires directly to families. The statistical test used is the spearman rank. Based on the results of research conducted in the Dwikora area of Medan that family knowledge in increasing the functional capacity of post-stroke patients was a sufficient majority of 15 people (56.7%), both 13 people (43.3%) and less than 2 people (6, 7%). The attitude of the family in increasing functional capacity after stroke was a good majority of 15 people (50.0%), quite a number of 11 people (36.7%) and less a number of 4 people (13.3%). Meanwhile, family action in increasing functional capacity after stroke was sufficient for the majority of 17 people (56.7%), good for 11 people (36.7%) and less for 2 people (6.7%). It is hoped that the family will carry out its role by increasing knowledge, attitudes and actions, so that the patient can be independent.

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### **INTRODUCTION**

Stroke is a disorder of blood flow to the brain. Stroke in developed countries is the third leading cause of death after heart disease and cancer in the elderly, while in Indonesia it ranks first. Based on data from the World Health Organization (WHO), 15 million people in the world suffer from strokes, with 5 million deaths and 5 million others experiencing permanent disability each year[1]. In Indonesia, the number of people affected by stroke reaches 500,000 people every year. 125,000 people died and the rest were either mildly or severely disabled. Stroke patients cannot be cured completely, but if handled properly it will ease the burden of suffering, minimize disability and reduce dependence on other people in activities[2]. Stroke patients require comprehensive treatment, including long-term recovery and rehabilitation efforts, even for the rest of the patient's life.

A person's knowledge is closely related to the action he will take, because with this knowledge he has reasons and a basis for making a choice. Caring for post-stroke patients by the family at home requires knowledge and understanding of things that need to be done and not to be done by patients[3]. Based on a preliminary study in the Dwikora Area of Medan, it was known that the number of hypertension sufferers recorded in 2009 was a risk factor for stroke by 250 people, and there were 80 stroke patients and 65 of them were dependent on family members to fulfill their daily activities.

### **METHODS**

This type of research is quantitative with a cross sectional approach. The research was carried out in August 2022. This research was carried out in the Dwikora Area of Medan. The population and sample in the

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study were all 30 families who cared for post-stroke patients at home in the Dwikora Area of Medan. The data collection method in this study was conducted by survey, where the researcher directly collected data from the respondents. The instrument used is a questionnaire. The measurement scale used is the Guttman scale. Data analysis utilized the Spearman Rank test.

**RESULTS AND DISCUSSIONS**

**Table 1: Knowledge Distribution of Respondent in Dwikora Area**

| No | Level of Understanding / Knowledge | F  | %      |
|----|------------------------------------|----|--------|
| 1. | Low                                | 2  | 6,7 %  |
| 2. | Adequate                           | 15 | 50,0 % |
| 3. | Good                               | 13 | 43,3 % |
|    | Total                              | 30 | 100 %  |

**Table 2: Attitude Distribution of Respondent in Dwikora Area**

| No | Sikap    | Frequency | Percentage |
|----|----------|-----------|------------|
| 1. | Low      | 4         | 13,3 %     |
| 2. | Adequate | 11        | 36,7 %     |
| 3. | Good     | 15        | 50,0 %     |
|    | Total    | 30        | 100 %      |

**Table 3: Action Distribution of Respondent in Dwikora Area**

| No | Action   | Frequency | Percentage |
|----|----------|-----------|------------|
| 1. | Low      | 2         | 6,7 %      |
| 2. | Adequate | 17        | 56,7 %     |
| 3. | Good     | 11        | 36,7 %     |
|    | Total    | 30        | 100 %      |

**Table 4: Statistical Test Results With Spearman's rho Between Family Knowledge and Attitudes**

|                             |                      |          |
|-----------------------------|----------------------|----------|
| <b>Knowledge - Attitude</b> | <b>r<sup>2</sup></b> | <b>P</b> |
|                             | 0,6                  | 0,0      |

**Table 5. Statistical Test Results With Spearman's rho Between Family Knowledge and Action**

|  |                      |          |
|--|----------------------|----------|
|  | <b>r<sup>2</sup></b> | <b>P</b> |
|--|----------------------|----------|

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|                           |     |      |
|---------------------------|-----|------|
| <b>Knowledge – Action</b> | 0,5 | 0,04 |
|---------------------------|-----|------|

Family knowledge in increasing the functional capacity of post-stroke patients in the Dwikora sub-district of Medan in 2022 is sufficient. Adequate knowledge can gradually increase the functional capacity of post-stroke patients and minimize family assistance to stroke patients at home. Knowledge is a very important domain for the formation of one's actions, because behavior based on knowledge and awareness will be better than behavior that is not based on knowledge because if the behavior is not based on knowledge and awareness then the behavior will not last long [4].

Based on the results of the study, it shows that the attitude of the family in increasing the functional capacity of post-stroke patients in the Medan dwikora region in 2022 is good. A good attitude will have a big influence in increasing the functional capacity of post-stroke patients. The attitude of the family in the care of post-stroke patients should be good because it can accelerate the activities of post-stroke patients. So in conclusion, if the knowledge is sufficient, attitudes and actions will be better supported to increase the independence of post-stroke patients [4].

The attitude of the family must accept and respect family members who are being treated and foster good family relationships in order to realize the healing of post-stroke patients. The family must also be responsible for all the needs needed by post-stroke patients, the family provides motivation or support to family members who are being treated at home.

Actions taken by families who care for post-stroke patients must be positive, in order to accelerate the independence of post-stroke patients to carry out activities. On the other hand, if the actions taken by the family are negative, it will take longer to make post-stroke patients independent and post-stroke activities[5]. Families must recognize the actions taken for post-stroke patients and make it a good experience. If the family takes the correct action automatically to minimize post-stroke patient immobility, it will be better [6].

## **CONCLUSSION**

Based on the results of research on the relationship between family knowledge and attitudes and actions in increasing the functional capacity of post-stroke patients in the Dwikora area of Medan in 2022, the following conclusions have been obtained; Family knowledge in increasing the functional capacity of post-stroke patients in environment III of the Dwikora Medan sub-district is sufficient 15 (56.7%), good 13 (43.3%) and less 2 (6.7%).

The attitude of the family in increasing the functional capacity of post-stroke patients in environment III of the Dwikora Medan sub-district is sufficient 11 (36.7%), good 15 (50.0%) and less 4 (13.3%). Family action in increasing the functional capacity of post-stroke patients in environment III of the Dwikora Medan sub-district is sufficient 17 (56.7%), good 11 (36.7%) and less 2 (6.7%). The relationship between family knowledge and attitude is strong with a value of  $r^2:0.6$  and  $P:0.0$ . The relationship between family knowledge and action is moderate with a value of  $r^2:0.5$  and  $P:0.04$ . The relationship between attitude and action is sufficient with a value of  $r^2: 0.3$  and  $P: 0.04$

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