

QUALITY OF LIFE OF POST STROKE PATIENTS: DESCRIPTIVE STUDY

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ABSTRACT

Stroke is the second cause of death after heart disease in the world. It can affect the patients' life in various aspects such as physical, emotional, psychological, cognitive and social, which can impact on their quality of life. The number of stroke patients at Berkah General Hospital in Pandeglang in the first trimester of 2023 was 290 patients. This study aimed to find out the quality of life of post stroke patients at Pandeglang General Hospital. It was a descriptive study with a total of 40 respondents who were selected by purposive sampling technique. The research location was the neurological clinical room. The study was conducted in May 2023. The respondents filled out the WHO quality of life questionnaire, namely WHOQOL-BREF, which consists of 26 questions. The analysis was used to obtain data distribution on respondent characteristics and patient quality of life. The research results showed the characteristics of the respondents were male (55%), average age 51-60 years (40%), junior high school education (40%) and occupation as housewife (52%). It was found that the best quality of life was found in the social relations domain among other three quality of life domains, namely health, psychological, and environmental domains.

Keywords: hemorrhagic stroke; inclusion criteria; non-hemorrhagic stroke

INTRODUCTION

Stroke is a high cause of death. The risk of stroke increases in people who have had a previous stroke. Stroke affected 15 million people worldwide each year, 5 million people died, and 5 million were permanently disabled (World Health Organization, 2024). The prevalence of stroke in Indonesia had increased by 565 from 7 per 1000 population in 2013 to 10.9 per 1000 population in 2018. The results of the doctor's diagnosis in the population aged more than 15 years showed that there were 16,456 cases of stroke patients in Banten Province (RI, 2018). The prevalence of stroke at Berkah Regional General Hospital in Pandeglang, precisely at the neurological poly, amounted to 290 patients in 2023. In January, there were 87 patients. While in February there were 100 patients and in March there were 103 patients who were outpatient.

Stroke can be caused due to genetics and unhealthy lifestyle that causes cholesterol, blood sugar and blood pressure levels to rise. Stroke can happen to anyone, anytime and anywhere. The risk of stroke increases with age (Rahayu, 2023a). In Indonesia, 55-60% of people with stroke symptoms suffered mild to severe disabilities, 25% died, and 10-15% survived (Masniah 2017 in (Rismawan et al., 2021a). Furthermore, stroke can affect several aspects of life, such as physical, psychological, emotional and social. Physical and mental disabilities that occur in stroke patients can affect their quality of life (Hafdia et al., 2018).

One's recovery rate is influenced by his quality of life. If the quality of life is not good, it will affect the healing of the disease. Conversely, if the quality of life is good, the healing process will be faster and prevent the occurrence of recurrent strokes (Abdu et al., 2022). Stroke is the main cause of one's disability in the long run. This disability condition causes patients to be unable to carry out activities and daily activities, impacting on his quality of life (Utama & Nainggolan, 2022).

For health workers, the quality of life of post-stroke patients is a highly important concern. It is necessary to measure the quality of life of post-stroke patients to find out the picture of their quality of life in their diseases (Ningrum & Martini, 2016). The measurement of quality of life of post-stroke patients is also an important concern among health professionals. The results of measuring the quality of life of post-stroke patients can describe their perception towards the disease. Quality of life measurement can be done using the WHO quality of life questionnaire, namely WHOQOL-BREF which consists of 26 questions (Rahayu, 2024). Based on the problems previously described, the author triggered to learn more about the quality of life of stroke patients at Berkah Regional General Hospital in Pandeglang, Banten.

METHOD

This study used a descriptive method. The study was conducted in March 2023. The research population was all patients who sought treatment at the Neurological Poly of Berkah Regional General Hospital in Pandeglang, Banten. The samples were selected by using purposive sampling with a total of 40 respondents based on some inclusion criteria, namely clients with a diagnosis of hemorrhagic and non-hemorrhagic stroke, age range 30-65 years, and patients who were poorly controlled at the poly at the time of the study. The data collection used a quality-of-life questionnaire from WHO, namely WHOQOL-BREF which consists of 26 questions covering four domains, namely physical health, psychology, social relations and environment. The results of the validity and reliability test obtained a value of 0.734. The data analysis used was a univariate analysis to obtain the distribution of respondent characteristic data, which was used to determine differences in the quality-of-life domain in stroke patients.

RESULTS AND DISCUSSION

Table 1.

Distribution of Quality-of-Life Respondents by Sex, Age, Education and Occupation

Respondent Characteristic	f	%
Sex		
Male	22	55
Female	11	45
Age		
40-50 Years Old	10	25
51-60 Years Old	16	40
> 60 Years Old	14	35
Education		
Elementary School	11	28
Junior High School	16	40
Senior High School	8	20
University	5	12
Occupation		
Civil Servants	5	12
Entrepreneurs	14	36
Unemployed	21	52

The results of this study showed that males (55%) were more likely than women and those over 51 years were more likely to have strokes. Most patients had a junior high school education (40%) and unemployed (52%).

Table 2.
Quality of Life of Stroke Patients at Neurological Poly of Berkah Regional General Hospital in Pandeglang

Domain	Row Score	Transfer Score	Quality of Life
Health	20	44	Sufficient
Psychology	18	50	Sufficient
Social Relation	11	69	Good
Environment	24	50	Sufficient

The results showed that stroke patients at the Neurological Poly of Berkah Regional General Hospital in Pandeglang in 2023 had a good quality of life in social relation domain compared to the health, psychological and environmental domains which was sufficient.

Respondent Characteristics

The results of this study found that the distribution of frequency found that male patients (55%) were more likely than females and over the age of 51 years were more likely to have strokes. These results were in line with previous research that post-stroke patients were more over 50 years old (76.9%) and males (55.8%) (Martini et al., 2022). Another study mentioned that patients at the Neurological Poly of Dr. Soekardjo Regional General Hospital in Tasikmalaya City showed that 73.6% (39 people) of respondents are males, more than females (Rismawan et al., 2021a). The research results parallel the study of (Rahayu, 2023b) who concluded that, based on the results of statistical test analysis, males had a higher risk (55%) compared to females. Males are more at risk of stroke than females since females have estrogen hormone which can protect them from cardiovascular diseases, such as hypertension which is one of the causes of stroke (Wardhana, 2011). In addition, a greater incidence of stroke in males can be caused by the habit of drinking coffee and smoking. They have a higher risk of stroke due to a lack of blood vessel protection mediated by the endogenous estrogen hormone. Ultimately, this condition makes males more likely to suffer a stroke than females (Imanda et al., 2019).

The risk of stroke will begin to increase around age 50. Typically, one's increased risk of stroke occurs between 11 to 20 percent by the age of the first three years. At the age of 65 years and over, the risk of stroke is higher. By age, atherosclerosis and other physiological changes in blood vessels worsen. Therefore, having a stroke becomes more likely with age (Kariasa, 2022). Based on education and occupation of the research respondents, it was found that patients whose last education was had junior high school (40%) were more likely to have stroke and more patients were unemployed (52%). This result is in accordance with previous research that the stroke patients' educational status is low (elementary - junior high school) which is as many as 61 people (66.91%), and unemployed status is as many as 84 people (61.8%) (Yulianti et al., 2023). These results are also in line with the research of (Heldaa et al., 2022) that 57.2% of respondents had a low level of education, namely junior high, elementary and non-school. People with a higher educational level have a 1.9 times chance of having high resilience compared to families with ischemic stroke and low education.

Patients with lower levels of education tend to have a lack of knowledge of the causes and treatments of stroke in patients and families. This will have an impact on the quality of life of post-stroke patients. Therefore, if they give up with the condition of stroke suffered, they will tend to feel hopeless and think that the disease will never be cured and they cannot carry out their activities

as before (Abdu et al., 2022). The results of this study are also in line with previous research which the majority of the respondents (71.8%) had an unemployed status (Prastika & Siyam, 2021). Most respondents revealed the reason why they were no longer working was due to several factors, one of them was the physical condition that began to weaken due to the aging process.

Quality of Life of Health Domain

The results of this study found that the patients' quality of life in the health domain was in the sufficient category. This was because of respondents in this study were more over 51 years old, which in terms of respondents' age had a greater risk of their health conditions. Age has a relationship with the quality of life of post-stroke patients. As age increases, the quality of life is getting less good. Conversely, the younger the age, the better the quality of life. Elderly respondents have a poor quality of life as many as 42 people, which is 40.8% (Abdu et al., 2022). According to previous research (Rismawan et al., 2021b), 64.2% (34 people) patients with stroke, seen from the health dimension, experienced a poor quality of life. They complained, in terms of health, pain and anxiety of the disease, fatigue during activities, dependence on medication, and discomfort during activities. Most respondents complained that their physical condition was not like before the illness came. Other studies said that the physical domain is the worst aspect among other domains. The physical domain was included in the poor category because it is very influential in the quality of life of stroke patients (Kurnia & Idris, 2020). Physical activity is the movement of limbs that require energy for the maintenance of physical and mental health and can maintain the quality of life to stay healthy throughout the day (Prastika & Siyam, 2021)

Quality of Life of Psychological Domain

The results of this study found that based on the psychological domain, the quality of life of patients with stroke was in the sufficient category. This result was in accordance with previous research (Rismawan et al., 2021b) which showed that as many as 37 patients with stroke (69.8%), seen from the psychological domain, experienced a poor quality of life. Most of the respondents had feelings of hopelessness, sadness, disappointment and anxiety about the current condition of their illness. Respondents could not accept their physical appearance because they experienced the changes after illness. Another study (Larasati & Marlina, 2018) showed that the quality of life of 71% patients with stroke had a moderate quality of life, seen from the psychological dimension. It means that more than half of respondents had a sufficient sense of self and self-satisfaction. Most stroke patients often felt insecure, useless, unable to accept reality, irritable, easily sad, and quick to anger. This condition will impact on the patient's mental health, which can trigger the onset of diseases and mental disorders and affect the poor quality of life of post-stroke patients (A.B et al., 2020).

Quality of Life of Social Relation Domain

The results of this study found that based on the domain of social relations, the quality of life of patients with stroke in the good category. This result was in line with previous research which found that the quality of life of the social factors domain of 79 patients with stroke (79%) was in the good category (Jacob & Sandjaya, 2018). Social relationships are also related to social support. Examples of several forms of social support that can be done for stroke patients are physical support and moral support. The examples of moral support are giving advice, encouragement, and also talking to exchange stories. The changes of the condition of patients who experience post-stroke causes limitations to socialize. Therefore, some patients expressed that family support is the most important support (Juniastira, 2018)

If patients with stroke get a good social support, the higher their quality of life will be. Social support can improve patients' ability to adapt to events and changes in their daily life after they experience a stroke. In addition, social support also plays a role in reducing the likelihood of depression in stroke patients.

Quality of Life of Environmental Domain

The results of this study found that the quality of life of the environmental domain in patients with stroke was in the sufficient category. Environmental domain aspects include financial resources, freedom, physical safety and security, health and social care, accessibility and quality, home environment, opportunities to obtain new information.

CONCLUSION

The characteristics of respondents of this study showed that most stroke patients who sought treatments at the Neurological Poly of Berkah Regional General Hospital in Pandeglang, Banten Province, Indonesia are male (55%), over 51 years old, junior high school last educational background (40%) and unemployed (52%). The quality of life of patients with stroke from the domain of social relations is in the good category; meanwhile, the quality of life from the domain of health, psychology and environment is sufficient.

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