

**THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND THE QUALITY OF LIFE OF STROKE PATIENTS IN THE NERVOUS CLINIC AND STROKE UNIT OF THE RSUD**

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**Abstract**

*Stroke is a leading non-communicable disease that causes disability and death worldwide. It leads to physical impairments such as paralysis and speech difficulties, along with psychological impacts like depression, anxiety, and loss of purpose. Stroke survivors must adapt to changes in physical function and social roles, where family support plays a vital role in providing motivation, emotional stability, and assistance with daily activities. Strong family support can enhance morale, treatment adherence, and overall quality of life. To analyze the relationship between family support and quality of life among stroke patients treated at the Neurology Clinic and Stroke Unit of Raden Mattaher Regional General Hospital, Jambi. This analytical observational study used a cross-sectional design with 90 respondents selected through accidental sampling. Data were collected using two instruments: a Family Support Questionnaire based on House's theory (1981) and the Stroke Specific Quality of Life (SS-QOL) questionnaire. The Spearman Rank correlation test was applied for data analysis. Most participants reported good family support (78.9%) and good quality of life (76.7%). Statistical analysis showed a strong and significant correlation between family support and quality of life ( $r = 0.799$ ;  $p = 0.000$ ). There is a strong positive relationship between family support and the quality of life of stroke patients at Raden Mattaher Regional General Hospital. Enhanced family support contributes significantly to better adaptation and improved well-being among stroke survivors*

**Keywords :** family support; quality of life; stroke patients; Ss-Qol

**Abstrak**

Stroke merupakan salah satu penyakit tidak menular penyebab disabilitas dan kematian tertinggi di dunia. Kondisi ini menimbulkan dampak fisik seperti kelumpuhan dan gangguan bicara, serta dampak psikologis seperti depresi, cemas, dan kehilangan makna hidup. Pasien stroke memerlukan penyesuaian diri yang besar terhadap perubahan fungsi tubuh dan peran sosialnya. Dukungan keluarga memiliki peran penting sebagai sumber motivasi, bantuan emosional, dan pendampingan dalam aktivitas sehari-hari. Dukungan keluarga yang optimal diyakini mampu meningkatkan semangat, kepatuhan terapi, serta kualitas hidup pasien. Mengetahui hubungan antara dukungan keluarga dengan kualitas hidup pada pasien stroke di Poli Saraf dan Unit Stroke RSUD Raden Mattaher Jambi. Penelitian ini menggunakan desain analitik observasional dengan pendekatan cross sectional. Jumlah sampel sebanyak 90



responden yang dipilih dengan teknik accidental sampling. Instrumen penelitian menggunakan dua kuesioner, yaitu kuesioner Dukungan Keluarga berdasarkan teori House (1981) dan kuesioner *Stroke Specific Quality of Life* (SS-QOL) untuk mengukur kualitas hidup pasien. Analisis data menggunakan uji Spearman Rank. Sebagian besar responden memiliki dukungan keluarga dalam kategori baik (78,9%) dan kualitas hidup dalam kategori baik (76,7%). Hasil uji Spearman menunjukkan adanya hubungan yang kuat dan signifikan antara dukungan keluarga dengan kualitas hidup pasien stroke ( $r = 0,799$ ;  $p = 0,000$ ). Terdapat hubungan yang kuat dan positif antara dukungan keluarga dengan kualitas hidup pasien stroke di Poli Saraf dan Unit Stroke RSUD Raden Mattaher Jambi. Semakin baik dukungan keluarga yang diberikan, semakin tinggi pula kualitas hidup pasien stroke.

**Kata Kunci:** Dukungan keluarga; kualitas hidup; pasien stroke; SS-QOL.

## **I. INTRODUCTION**

Stroke is one of the degenerative health disorders with the highest morbidity and mortality rates worldwide. According to data from the World Stroke Organization, it is estimated that more than 12 million people will experience stroke globally in 2024, and 6.5 million of those will die. Overall, more than 100 million people worldwide have been diagnosed with stroke (Feigin et al., 2022). According to the 2023 Indonesian Health Survey (SKI) published by the Indonesian Ministry of Health, the number of stroke cases in Indonesia reached 8.3 per 1,000 people. This means that approximately 8 out of every 1,000 people in Indonesia suffer from a stroke (RI, 2023). In terms of funding, stroke is the third-highest serious illness requiring high medical expenditures, after heart disease and cancer, with a total expenditure of IDR 5.2 trillion in 2023 (Bangun & Sukoharjo, 2023). Based on data from Raden Mattaher Regional Hospital in Jambi in 2024, 438 stroke patients underwent treatment, with ischemic stroke being the most common type, with 206 patients (47%), followed by hemorrhagic stroke with 142 patients (32.4%), cerebral infarction with 69 patients (15.8%), and other types with 21 patients (4.8%). Male patients predominated at 248 (56.6%), while female patients accounted for 190 (43.4%), with a mortality rate of 48 (10.9%). Stroke itself is a clinical syndrome resulting from cerebral circulation disorders that cause acute and potentially fatal neurological deficits. Based on etiology, stroke is divided into two main types: ischemic stroke and hemorrhagic stroke. Ischemic stroke, which accounts for approximately 80–85% of cases, is caused by blockage of blood flow due to thrombosis or embolism and can be atherothrombotic, cardioembolic, lacunar, arterial dissection, or cryptogenic. Meanwhile, hemorrhagic strokes include intracerebral and subarachnoid hemorrhages, which are generally triggered by blood vessel rupture due to

hypertension or an aneurysm. Both types of stroke have high mortality and morbidity and require immediate and aggressive treatment (Wepfer, 2018).

Stroke has significant physical and psychological impacts, such as paralysis, muscle weakness, speech impairment, difficulty swallowing, and visual impairment on one side of the body. Psychological impacts include anxiety, stress, denial of the condition, and depression, which disrupt the patient's daily activities (Dwi Nugroho et al., 2022). Patients' success in adapting depends on their ability to respond positively to their disability, with family support being a crucial factor in strengthening self-acceptance and a zest for life (Ludiana & Supardi, 2020). Social support from the family plays a significant role in buffering emotional stress, providing a sense of acceptance, and increasing patient motivation to undergo therapy and maintain quality of life (Nisak et al., 2023). Conversely, a lack of family support can worsen psychological conditions, lead to feelings of isolation, and reduce patients' emotional well-being (Rawung & Rantepadang, 2024). A preliminary study at Raden Mattaheer Regional Hospital in Jambi showed variations in the forms of support patients received, ranging from physical to emotional assistance, which influenced their perceptions of quality of life. These findings underscore the need for further research to understand the relationship between family support and quality of life for stroke patients at the hospital.

Pemilihan topik “Hubungan Dukungan Keluarga dengan Kualitas Hidup pada Pasien Stroke di RSUD Raden Mattaheer” didasari oleh tingginya angka morbiditas dan disabilitas akibat stroke di Indonesia, serta kurangnya perhatian terhadap aspek psikososial khususnya dukungan keluarga yang memiliki peran penting dalam pemulihan jangka panjang (Nur, 2023). Penelitian sebelumnya lebih banyak menyoroti faktor psikologis seperti penerimaan diri tanpa menggali peran langsung dukungan keluarga terhadap kualitas hidup pasien (Kadek et al., 2020). Penelitian ini diharapkan mengisi kekosongan literatur tersebut dengan menekankan pentingnya dukungan keluarga sebagai faktor kunci peningkatan kesejahteraan pasien stroke. Berdasarkan Roy's Adaptation Model, dukungan keluarga berperan sebagai stimulus positif yang memperkuat kemampuan coping pasien terhadap keterbatasan fisik dan psikologis (Marwanti et al., 2025). Secara praktis, hasil penelitian ini dapat menjadi dasar bagi perawat dalam merancang intervensi berbasis keluarga seperti latihan rentang gerak, edukasi perawatan, dan dukungan emosional untuk meningkatkan kualitas hidup pasien stroke secara berkelanjutan. Adapun tujuan penelitian ini adalah mengetahui hubungan

dukungan keluarga dengan kualitas hidup pasien stroke di poli saraf dan unit stroke RSUD Raden Mattaher Jambi.

## **II. THEORETICAL STUDIES**

Stroke, or Cerebro-Vascular Accident (CVA), is a neurological disorder that occurs suddenly due to disruption of blood flow to the brain, causing dysfunction and even death of nerve tissue (Pinson, 2016). This disorder can occur due to blockage (ischemia) or rupture of blood vessels (bleeding), resulting in a lack of oxygen and nutrients to brain tissue, thus affecting a person's ability to move, speak, and carry out activities (Aulyra Familah et al., 2024). Based on its etiology, stroke is divided into ischemic stroke, which is caused by thrombosis or embolism, and hemorrhagic stroke, which occurs due to the rupture of a blood vessel in the brain (Alkalah, 2016). Clinically, stroke causes symptoms such as paralysis on one side of the body, speech disorders, decreased consciousness, and visual disturbances. The severity and recovery rate depend greatly on the location and extent of brain damage. The post-stroke recovery process requires long-term physical and psychological adaptation, so social support, especially from family, is an important factor in determining a patient's quality of life.

Family support is defined as a form of interpersonal interaction that reflects affection, attention, and assistance toward family members in coping with life's stresses (Kawengian et al., 2022). According to House's (1981) theory, family support encompasses four dimensions: emotional, appraisal, instrumental, and informational (House, 1987). In the context of stroke patients, family support serves as a positive stimulus that helps patients adapt to physical and mental limitations, according to Roy's Adaptation Model (Mangera et al., 2019). This support can strengthen motivation, improve therapy adherence, and encourage the recovery of physical and psychological functions. Families play an active role in assisting with daily activities, providing moral support, and ensuring patients receive optimal care, ultimately improving their quality of life (Nuroniyah, 2023). Therefore, family support not only influences physical recovery but also directly impacts the emotional and social well-being of stroke patients.

The hypotheses of this study are as follows:

H<sub>0</sub>: There is no correlation between family support and quality of life in stroke patients.

H<sub>a</sub>: There is a correlation between family support and quality of life in stroke patients.

### III. RESEARCH METHODS

This study used an observational analytical design with a cross-sectional approach to determine the relationship between family support and quality of life of stroke patients at Raden Mattaher Regional General Hospital in Jambi (Syahrizal & Jailani, n.d.). The study was conducted for 1–2 months with a population of 438 stroke patients and a sample of 90 respondents selected using the Slovin formula and accidental sampling techniques (Nur Fadilah, 2023). Inclusion criteria included patients who were conscious, able to communicate, aged  $\geq 20$  years, had suffered a stroke for at least one month, and lived with their families; while exclusion criteria included patients with severe cognitive impairment or critical conditions (Mustapa et al., 2023). The independent variable was family support, measured using an 18-item questionnaire based on House's (1981) theory with four aspects: emotional, informational, instrumental, and appreciation (Jhoni Putra, 2017). The dependent variable was the quality of life of stroke patients, measured by the Stroke-Specific Quality of Life (SS-QOL) questionnaire, which consisted of 49 items and 12 domains (Kusumaningrum et al., 2020). Data were collected using a Likert-scale questionnaire and analyzed using the Spearman Rank correlation test because both variables were ordinal (Agustian et al., 2019). The data in this study were processed through several stages, namely editing, coding, entry, cleaning, and assessment to ensure the validity of the results (Agustian, 2019). Data from the family support questionnaire (18 items based on House's theory) and quality of life (49 SS-QOL items) were coded numerically and analyzed using the SPSS program. The analysis was carried out using a univariate approach to describe the frequency distribution of each variable, and bivariate analysis using the Spearman Rank Correlation test with a significance level of  $\alpha = 0.05$  to determine the relationship between family support and quality of life of stroke patients (Williams, 1999). This research also meets research ethics through informed consent, respondent signatures, and maintaining the confidentiality of all data collected.

### IV. RESEARCH RESULTS

#### 1. Demographic Characteristics

Table 1. Demographic Characteristics of Research Respondents

Karakteristik	Kategori	Frekuensi (n)	Persentase (%)
Usia (Tahun)	20–30	10	11,1
	31–40	19	21,1
	41–50	24	26,7

Karakteristik	Kategori	Frekuensi (n)	Persentase (%)
	51–60	19	21,1
	61–70	12	13,3
	71–80	4	4,4
	>80	2	2,2
<b>Jenis Kelamin</b>	Laki-laki	54	60,0
	Perempuan	36	40,0
<b>Pendidikan</b>	Tidak Sekolah	6	6,7
	SD	21	23,3
	SMP	17	18,9
	SMA	32	35,6
	Perguruan Tinggi	14	15,6
<b>Pekerjaan</b>	Pertanian	17	18,9
	Jasa/Perdagangan	20	22,2
	Tenaga Kasar	17	18,9
	Profesional/Pegawai	12	13,3
	Tidak Bekerja	24	26,7
<b>Alamat</b>	Kota Jambi	81	90,0
	Kabupaten	9	10,0
<b>Lama Menderita Stroke</b>	<1 Tahun	25	27,8
	1–3 Tahun	47	52,2
	4–6 Tahun	12	13,3
	>6 Tahun	6	6,7
<b>Jenis Stroke</b>	Non-Hemoragik	81	90,0
	Hemoragik	9	10,0
<b>Total Responden</b>		<b>90</b>	<b>100</b>

Based on Table 1, the majority of respondents were aged 41–50 years (26.7%) and male (60.0%). Most had a high school education (35.6%) and worked in the service/trade sector or were unemployed (26.7%). Most respondents lived in Jambi City (90.0%) and had suffered a stroke within 1–3 years (52.2%). The most common type of stroke was non-hemorrhagic (90.0%), indicating a predominance of ischemic cases over hemorrhagic cases at Raden Mattaher Regional Hospital in Jambi.

The study of 90 respondents showed that the majority were aged 41–50 years (26.7%) and were in the productive to early elderly age group. This suggests that stroke affects not only the elderly but also those of productive age, in line with Amila's (2025) findings that

indicate an increase in stroke incidence in those aged 40–60 years due to the accumulation of risk factors such as hypertension, diabetes, obesity, and a sedentary lifestyle. Based on gender, there were more male respondents (60%) than female respondents (40%), consistent with research by Astuti (2020), which showed a high rate of stroke in men due to exposure to risk factors such as smoking and alcohol consumption.

In terms of education and employment, the majority of respondents had a high school education (35.6%) and were unemployed (26.7%). Low education levels were associated with a lack of understanding of disease management, as found by Utama & Nainggolan, 2022. Furthermore, being unemployed was associated with low physical activity, which increases stroke risk (Rizki Handayani et al., 2024). Most respondents lived in Jambi City (90%), with stroke durations of 1–3 years (52.2%), indicating a chronic adaptation phase as described (Budi & Syahfitri, 2018). The predominant type of stroke was non-hemorrhagic (90%), consistent with global findings and research (Aprilia et al., 2025).

## 2. Univariate Analysis

Table 2. Distribution of Respondents Based on Family Support

<b>Dukungan Keluarga</b>	<b>Frekuensi (n)</b>	<b>Persentase (%)</b>
Baik	<b>71</b>	<b>78,9</b>
Kurang	<b>19</b>	<b>21,1</b>
<b>Total</b>	<b>90</b>	<b>100</b>

Based on Table 2, the majority of respondents, 71 (78.9%), received good family support. The results showed that the majority of respondents, 71 (78.9%), received good family support, while 19 (21.1%) felt inadequate support. This finding emphasizes the importance of the family as the primary support system for stroke patients in the recovery process, both physically and psychologically. Family support helps patients develop positive coping mechanisms, reduces stress, and increases motivation to undergo treatment and rehabilitation. Based on House's Social Support Theory (1981) in House (1987), family support can take the form of emotional, instrumental, informational, and appraisal support. In the context of stroke patients, these four forms of support work complementary. Emotional support demonstrated through empathy and concern can reduce the risk of depression and improve the patient's quality of life, as reported by Gurkova et al. (2025), while instrumental support in the form of tangible assistance such as reminding patients to take medication,

preparing meals, or accompanying them to the hospital has been shown to be effective in helping patients maintain independence (Nursahidah et al., 2023). Informational support also plays a crucial role, as family members who provide education and care advice have been shown to improve patient adherence to therapy (Kustriyani et al., 2025). Furthermore, appraisal support in the form of appreciation and positive feedback from family members can strengthen patients' self-confidence and reduce feelings of helplessness. These four forms of support synergistically accelerate patients' adaptation to changes in their post-stroke condition and improve their psychosocial well-being.

Theoretically, the results of this study align with Roy's Adaptation Theory (1976) as cited in Suwondo (2023), which states that family support is an important external stimulus in helping stroke patients adapt to changes in physical, psychological, and social functioning. The high level of family support in this study reflects the active involvement of family members in the rehabilitation process, through emotional attention, practical assistance, and health education. The majority of patients were in the 41–60 age group and still had spouses, strengthening the likelihood of support from the nuclear family. Factors influencing the level of family support include the family's level of knowledge and understanding of stroke, socioeconomic status, emotional closeness, and caregiver burden. Nopiyanti et al. (2024) found that good family support was associated with patient compliance in rehabilitation, with patients who felt supported demonstrating greater consistency in physiotherapy and a better quality of life. Optimal family support plays a role not only in physical aspects but also in strengthening the patient's spirit and hope for recovery. This aligns with the research findings of Deepradit et al. (2023), which demonstrated that family education interventions within the Family-Centered Care model can improve the family's ability to provide emotional and instrumental support and significantly reduce depression levels in stroke patients. Therefore, healthcare professionals are advised to involve families in the care and education process for stroke patients to ensure more effective, sustainable, and quality-of-life-oriented support.

Table 3. Distribution of Respondents Based on Quality of Life

<b>Kualitas Hidup</b>	<b>Frekuensi (n)</b>	<b>Persentase (%)</b>
Baik	69	76,7
Kurang	21	23,3
<b>Total</b>	<b>90</b>	<b>100</b>



Based on Table 3, the majority of respondents (69 respondents) had a good quality of life. Based on the analysis, the majority of respondents (69 respondents) had a good quality of life, while 21 (23.3%) were in the poor quality of life category. This indicates that most patients are able to adapt to their health condition and live well despite the limitations caused by stroke. A good quality of life reflects a relatively stable physical condition, psychological adaptability, maintained social relationships, and adequate access to healthcare services.

In line with research by Pratiwi (2024), patients with mild to moderate stroke severity demonstrated a better quality of life than patients with severe strokes. Furthermore, the duration of the patient's stroke was also a factor. In this study, most respondents had suffered a stroke for 1–3 years (52.2%), meaning they had passed the acute phase and were beginning to adjust physically and psychologically. This long-term adaptation helps patients find new ways to function, use functioning limbs, and participate in simple social activities. Rahayu & Setiyani's (2024) research also states that functional ability is a major determinant of the quality of life of stroke patients. Patients with a high level of independence have higher physical and psychological quality of life scores because they can meet basic needs without relying entirely on others. This study found that the quality of life of stroke patients is influenced by age, education, occupation, and type of stroke. The majority are aged 41–60 years with secondary to higher education, thus having a good understanding of treatment and high motivation to recover. Patients who are still working are more motivated to achieve independence, while those with non-hemorrhagic stroke have a better prognosis. Based on Williams et al.'s (1999) Quality of Life Theory and Roy's (1976) Adaptation Theory in Suwondo (2023), family support plays a crucial role in helping patients adapt physically, psychologically, and socially, enabling them to maintain optimal roles and quality of life.

### 3. Normality Test

Table 4. Results of the Normality Test for Family Support and Quality of Life

Variabel	Kolmogorov-Smirnov (Sig.)	Shapiro-Wilk (Sig.)	Keterangan
Dukungan Keluarga	<0,001	<0,001	Tidak normal (p < 0,05)
Kualitas Hidup	<0,001	<0,001	Tidak normal (p < 0,05)

Based on Table 4, the results of the Kolmogorov-Smirnov and Shapiro-Wilk normality tests indicate that the significance values for the variables family support and quality of life in stroke patients were each  $<0.001$  ( $p < 0.05$ ). This indicates that the data were not normally distributed, so the statistical test used to determine the relationship between the variables was the non-parametric Spearman Rank test.

#### 4. Bivariate Analysis

Table 5. Results of the Spearman Rank Correlation Test between Family Support and Quality of Life

Variabel	r (Spearman)	p-value	Keterangan
Dukungan Keluarga ↔ Kualitas Hidup	0,799	$< 0,001$	Hubungan kuat, positif dan signifikan ( $p < 0,05$ )

Table 5 shows a Spearman Rank correlation coefficient of  $r = 0.799$  with a significance value of  $p < 0.001$  ( $\alpha = 0.05$ ). This indicates a significant relationship between family support and the quality of life of stroke patients in the neurology clinic and stroke unit at Raden Mattaher Regional Hospital, Jambi. These findings demonstrate that the majority of stroke patients receive attention, motivation, and assistance from their families in carrying out daily activities and treatment. Good family support can take the form of emotional support, such as encouragement, attention, and affection; instrumental support, such as assistance with physical or financial activities; informational support, such as providing advice or direction; and appraisal support, namely reinforcement and positive recognition of the patient's efforts.

Stroke patients generally face physical limitations, psychological changes, and social problems, making the presence of adequate family support crucial. Without adequate support, patients can experience feelings of abandonment, stress, and even depression, which ultimately impact their quality of life. These findings confirm that family support is an important protective factor in the recovery of stroke patients. Patients who receive emotional, physical, and caring support from their families tend to be more motivated to undergo rehabilitation, more compliant with treatment, and more optimistic about the future. Conversely, a lack of family support can lead to feelings of loneliness, hopelessness, and low morale, which negatively impact the patient's physical and psychological well-being. Strong family support provides a sense of security and emotional connectedness, thereby improving the quality of life for post-stroke patients (Pramudya, 2025).

Previous research supports these findings, such as that by Ludiana & Supardi (2020), which found a strong and positive relationship between family support and the quality of life of stroke patients, with patients with high levels of support having better quality of life scores. Similarly, Bariroh et al. (2023) and Nopiyanti et al. (2024) reported that family support also increases stroke patients' adherence to rehabilitation therapy, thereby improving their quality of life.

## **V. CONCLUSION**

This study concluded that there is a strong and significant relationship between family support and the quality of life of stroke patients at Raden Mattaher Regional General Hospital in Jambi ( $r = 0.799$ ;  $p = 0.000$ ). The majority of respondents were aged 41–50 years, male, had a high school education, were unemployed, lived in Jambi City, had suffered a stroke 1–3 years ago, and had a non-hemorrhagic stroke. Most patients received good family support (78.9%) and had a good quality of life (76.7%), indicating that family support plays an important role in improving patient adaptation and well-being. It is recommended that patients be more open in expressing their needs, while families need to increase their involvement through emotional, instrumental, informational, and reward support. Health workers are expected to involve families in rehabilitation programs through education and a family-centered care approach, and further research can consider economic, psychological, and social variables for more comprehensive results.

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