Original article

Multidimensional Perspective Quality of Life among Patients with Stroke in UPT Social Service Further Age of Binjai Social Service North Sumatera Province, 2019

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Johansen Hutajulu[1], Henny Syapitri[2], Putri Anwari[3], Amila[4], Yunida T. Simanjuntak[5]

Nursing Study Program Faculty of Pharmacy and Health Sciences
Sari Mutiara Indonesia University

Abstract

Stroke causes defects that affect quality of life. The change in the quality of life is multidimensional in the form of physical, psychological, level of independence, social, environmental, and the spiritual. The purpose of this research is to explore multidimensional perspective of the quality of life among patients with stroke at UPT. Social services elderly Binjai. Research design is a study of phenomenology with a transcendent approach. Its population is the entire elderly who have stroke disease. Participant's retrieval techniques with purposive sampling as many as eight participants. Data collection instruments using voice recorder, interview guides and field notes. Data collection with an interview in-depth and open-ended questions. Data analysis using Colaizzy and Nvivo methods version 12.0. The results showed that stroke patients experienced changes in the physical dimensions of declining physical strength, changes in comfort and sleep disorders. Psychological dimension of self-image change, positive prejudice, memory decline. The dimension of self-reliance is tool dependency, change in work ability, drug dependence. Social dimension occurs social change and sexual needs. Environmental dimensions, increased environmental comfort changes, source of income and low disease information. The spiritual dimension, the occurrence of increased proximity to God, so that the process of self-adaptation. These six dimensions strongly affect each other in the quality of life changes in stroke patients. Recommended to the health care unit to pay attention to the dimensions of life quality of stroke patients in meeting the needs of both physical and mental.

Keywords: Multidimensional quality of life, stroke

Corresponding author: Johansen Hutajulu, E-mail: jojo3boy@yahoo.com1

Introduction

According to the *World Health Organization* (2018) of the 10 highest disease causes of death, stroke is the second position of the world's leading cause of death. In Indonesia, the highest prevalence of stroke was in East Kalimantan, ranked 2nd in Yogyakarta and then 3rd in North Sulawesi. North Sumatra ranks 23rd of the stroke sequence in Indonesia (Riskesdas, 2018). The cause of stroke itself is due to interruption of blood supply in the brain, usually due to rupture of blood vessels or blockages by blood clots. This causes interference with the supply of oxygen and nutrients in the brain resulting in brain tissue damage (WHO, 2019). Damage to brain cells in a stroke causes disability so that stroke sufferers lose productivity and must pay a large cost for rehabilitation care (Bariroh et al., 2016). The level of physical and mental disability in stroke patients will inevitably affect the quality of life of these patients (Bariroh et al., 2016).

Quality of life can be interpreted as an individual's perception of their position in life (WHO, 2019). Quality of life is a subjective and multidimensional aspect. Subjectivity means that the quality of life can only be determined from the point of view of the patient himself (Setiyawan, et al, 2015). The results of Masniah (2017) study showed that there were 5 themes of Quality of Life in Post-Stroke Patients, namely changes in self-ability, psychosocial spiritual impact, changes in quality of life, healing support, efforts to seek help in health services. Therefore, it can be concluded that post-stroke patients experience physical and functional disorders of the body that are long-term and cause disruption of psychological, social and spiritual responses that affect changes in quality of life.

Research Methods

This research uses a descriptive phenomenological approach. focuses on one's life experience. The phenomenon examined in this study is the perspective of the quality of life dimensions of patients with stroke in UPT . Elderly Social Services Binjai Social Service. This research was conducted in April to July 2019.

Purposive sampling was used for participant recruitment. The eight key informants were participated to provide information related to the problem studied. . Data collection tools in this study were demographic data questionnaires, interview guides and field notes. .Data collection technique in this study was in-depth interview which conducted by the researchers. The durations of interviews were 30 -60 minutes Data saturation had been achieved. *Collaizi* approach and Nvivo software version 12.0 Pro were used for data analysis.

Results

Based on the results of the analysis of the interview results obtained six themes, namely the physical, psychological, level of independence, social, environmental, and spiritual.

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Subthemes Found in Themes

1. Physical Dimension

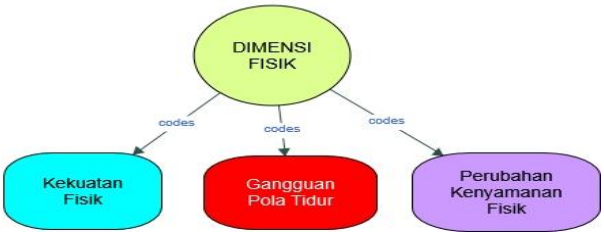


Figure 1. Scheme Model Subtheme on Physical Dimensions

The subthemes are physical strength, disturbed sleep patterns, and changes in physical comfort. The three sub-themes above are new findings based on the results of the interview.

2. Psychological Dimension

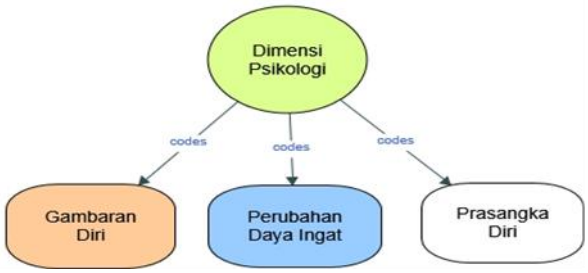


Figure 2. Scheme Model Subtheme on the Psychological Dimension

The subtheme is self-image, memory changes and self-prejudice. The three sub-themes above are new findings based on the results of the interview.

3. Dimension Level of Independence



Figure 3. Scheme Model Subdivision in Dimension Level of Independence

The subthemes are Tool Dependence, Drug Dependence, and Changes in Work Ability. The three sub-themes above are new findings based on the results of the interview.

4. Social Dimensions

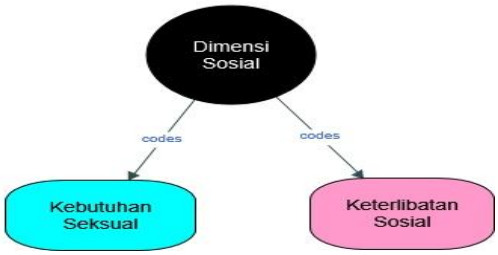


Figure 4. Scheme of Model Subtheme on Social Dimensions

The sub-theme is Sexual Needs and Social Engagement. The two sub-themes above are new findings based on the results of the interview.

5. Environmental Dimensions

The sub-themes are Environmental Comfort, Disease Information and Income Change. The three sub-themes above are new findings based on the results of the interview.

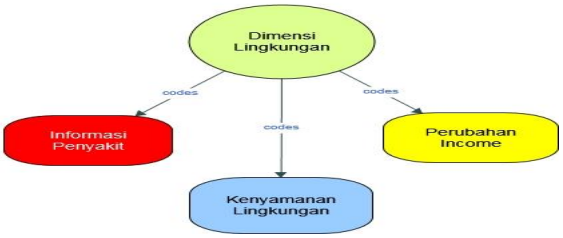


Figure 5. Scheme Subtheme Model on Environmental Dimensions

6. Spiritual Dimension

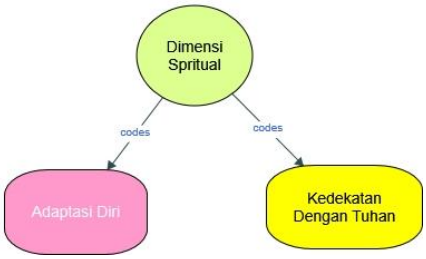


Figure 6. Scheme of the Subtheme Model on the Spiritual Dimension

The subtheme is self-adaptation and closeness to God. The two sub-themes above are new findings based on the results of the interview

Discussion

Physical dimensions

Physical Strength

All participants shared about his Physical Strength from eight participants found the same three statements, 4 the same statement and one different statement. Found three participants who stated that they could still do their daily activities independently. While 4 out of 8 participants stated that, they could do their daily activities with the help of tools and one participant stated that he did not use mobility aids, could do some daily activities but only wanted to sit in his bed.

Changes in Physical Comfort

All participants shared about the Change of Comfort in themselves. From eight participants found the same three statements, 4 the same statement and 1 different statement. Found three participants who stated that they experienced changes in comfort that is pain at a certain time. Whereas 4 out of 8 participants stated that, they had experienced changes in pain much better than before and 1 participant stated that he did not experience pain, but he felt weak when his limbs wanted to be lifted for example when he wanted to stand up.

Sleep disorder

Most of the participants talked about her sleep disorder. From the participant's statement found 4 similar statements and 1 different statement. Found 4 participants who stated that they experience sleep patterns due to discomfort such as pain in the limbs and head so that they wake up at night. While 1 in 5 participants who experienced sleep disorders said that he had a sleep disorder because his eyes would not close because of the stressor he experienced, such as remembering his family.

Psychological Dimension

Self-image

All participants shared about each participant's self-image. From 8 participants found 7 the same statement, and 1 different statement. Found 7 participants who stated that they experienced changes in appearance that is their limbs. But now things are getting better, like they used to say it's hard to talk because their lips are falling down but now it's back to normal. Likewise, their limbs that have begun to function. While 1 participant stated that he experienced physical changes but until now there has been no change that he felt.

Change in memory

Most of the participants told about the Change of Memory in themselves. From the statements of 3 participants found all three stated the same thing. All three participants stated that they experienced a decrease in memory since having a stroke such as forgetting to put items, past memories, and sometimes forgetting things they want to do. Functional disorders caused by stroke are very diverse. One of them is memory loss

which in layman's terms is called senile / forgetful. In the medical aspect, dementia is a problem that is no less complicated than the problems found in other chronic diseases. Someone who experiences memory loss will definitely experience a decrease in quality of life (Harsono,2007).

Self-Prejudice

All participants shared about the Prejudice of each participant. From 8 participants found 2 similar statements, and 6 different statements. Found 2 participants felt inferior so that one of them did not want to leave the guesthouse for fear of being ridiculed, and the other one felt like dying alone because it was fun to die. While 6 out of 8 participants stated that at first they felt ashamed of not wanting to leave the room so they withdrew. But after a long time they saw their friends there having the same disease and even worse, they finally accepted their condition and felt the same fate, so they were eager to recover.

Dimension Level of independence

Tool Dependency

Some participants shared about the tool dependency experienced by the participants. From the statements of 2 participants found both stated the same thing. Both participants stated that they use tools that are sticks to do their activities everyday. Without the stick the participant felt unable to sustain his body and was afraid of falling due to weakness in his body.

Drug Addiction

The participant said about drug dependence experienced by participants. From the statements of 2 participants found both stated the same thing. Both participants stated that they must take daily medication to improve their comfort such as sleeping pills or pain relievers.

Change in Work Ability

All participants shared about the Change in Work Ability experienced by each participant. From 8 participants found 7 the same statement, and 1 different statement. Found 7 participants who stated that they previously had jobs in various places and have their own income. But after a stroke they lost their jobs due to the paralysis they suffered. While 1 participant stated that she was previously a housewife, only taking care of the house. With his current situation he can only take care of himself.

Social Dimensions

Social Involvement

Most participants shared about Social Involvement. From 5 participants found all said the same thing, they always participated in activities such as gymnastics twice a week, recitation / devotion, devotions for non-Muslims, and also they took part in mutual cooperation activities held once every 2 months at the Nursing Home even though they were only can pull out the grass in front of their guesthouse.

Sexual Needs

Most participants shared their Sexual Needs. From 6 participants found all the same statements. They reveal that they still have sexual appetites, but when those feelings come they try to ignore them and hold back. But one of the participants said if he was masturbating when the feeling came. Participants also said they wanted to have a life partner for storytellers or their spouses so they did not feel lonely.

Environmental Dimensions

Environmental Comfort

Most of the participants talked about Environmental Comfort. From the participant's statement found 2 similar statements, 2 the same statement and 2 different statements. Found 2 participants who stated that they felt at home in the Panti because they felt they were not burdensome to anyone, because at home they felt reluctant and felt troublesome around them. Two other participants said that they felt at home in the Panti because they had many friends who were in the same boat, while at home the participants felt alone and lonely. The remaining 2 participants said they felt at home at the Panti because at the Panti felt calm, while at home they were always noisy, noisy, even their families did not accept their presence there.

Income Change

All participants shared about the Changing *Income* of each participant. From 8 participants found the same 6 statements, and 2 different statements. Found 6 participants said that they get their income only from visitors who want to give to them. If there are no visitors they don't have income (money). 1 other participant said that he got money aside from the visitors but also from his family who regularly visited him. And 1 participant again said he got income (money) apart from visitors, also from his pension fund.

Disease Information

All participants shared Disease Information. From the participant's statement found 4 similar statements, 3 similar statements and 1 different statement. Found 4 participants stated that participants get information about the disease only from where he received treatment. 3 other participants said that participants obtained information about the disease from the community / family apart from the place of treatment. 1 participant again said that he did not find out information about his illness because he was embarrassed to ask, and it was useless to find out about it.

Spiritual Dimension

Closeness with God

All participants shared about Proximity to God. From the participant's statement found 3 the same statement, 4 the same statement and 1 different statement. It was found 3 participants stated that the participants were still doing their worship either praying, worship services for non-Muslims and praying 5 times for Muslims. 4 other participants said that the participants only prayed for safety and healing, but did not pray because they were unable to do so. One participant again said that he still prayed for his recovery but did not pray because of his limitations, but always did fasting on Thursday.

Self-Adaptation

All participants delivered about Adaptation to each participant. From the participant's statement found 2 similar statements, 5 the same statement and 1 different statement. It was found 2 participants stated that initially they could not accept their condition when they had a stroke, but due to the encouragement of people around the eventual participant accepted his condition. Five more participants said that at first they did not accept their current situation, but finally they were grateful and accepted their situation gracefully because they were aware of the participants themselves, apparently there were many people around them who were worse but still tough. 1 participant was initially unable to accept his situation now, therefore participants finally had resigned and hoped to just die so as to calm down.

Conclusion

This study was conducted to look for an in-depth overview of the Multidimensional Perspectives of *Quality of Life for* Stroke Patients at UPT . Elderly Social Services Binjai Social Service. Identified subthemes are important points that affect the dimensions of the quality of life of stroke patients. The quality of life of stroke patients consists of six dimensions, namely physical, psychological, level of independence, social, environmental and spiritual.

Physical Dimension

In the physical dimension, it was obtained that all participants experienced changes in physical strength so that it could affect the ability to carry out daily activities. In addition, there is also a change in physical comfort in all participants in the form of pain and disturbance of sleep patterns to most participants who are most likely due to a sense of physical and mental discomfort that will affect the quality of life of stroke patients.

Psychological Dimension

In the Psychological dimension, it was found that all participants experienced changes in self-image in the form of changes in the appearance of each participant, a change in memory of some participants, and self-prejudice that creates negative thinking due to weakness / limitations due to stroke, and positive thinking that arises because they begin to make peace with yourself and get motivation from around.

Dimension Level of Independence

In the dimension of Independence, it is found that some participants are dependent on drugs and some other participants are dependent on tools to support their movements. In addition, all participants experienced decreased ability to work due to limitations so that all participants lost their jobs.

Social Dimensions

In the social dimension, it was found that the majority of participants still participated in every social activity despite its limitations, but were enthusiastic because they saw their friends participating. And almost all participants said that they still had sexual desire , only that each participant had differences in overflowing. Most participants said they wanted to have a life partner again with the reason that they have a life partner and are not lonely anymore. Fulfillment of

this social dimension will certainly improve the quality of life of stroke patients.

Environmental Dimensions

On the environmental dimension, it was found that almost all participants did not find out more about the disease from the surrounding environment, only getting information from the place of treatment. In addition, almost all participants expect income from visiting guests, and only a small portion receives from the family. However, almost all participants felt comfortable living in the environment because of the same feeling and felt cared for so that the participants felt at home and did not want to return to their original place.

Spiritual Dimension

In the spiritual dimension referred to in this study is the ability to adapt and closeness to God. All participants have accepted their condition with surrender and sincerity so that after the acceptance all participants now increasingly improve their closeness to God. Fulfillment of this spiritual dimension will certainly improve the quality of life of patients with stroke.

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