

Relationship of family and self efficacy support

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Relationship of family and self efficacy support to the rehabilitation motivation of stroke patients

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Abstract

Stroke is a common global health care problem. Life changes suddenly in a stroke patient impact psychological conditions, including patient motivation, which can interfere with the rehabilitation process after stroke. Post-stroke rehabilitation interventions are indispensable for the recovery of motor function, muscle strengthening, and prevention of other stroke complications. However, only 44% of patients adhere to the rehabilitation program. Factors such as family support and good self-efficacy are important parts of increasing motivation for post-stroke rehabilitation. The purpose of this study was to analyze the relationship between family dependence and self-efficacy with motivation for the post-stroke rehabilitation. Quantitative research with a descriptive correlational design through a cross-sectional approach and 111 post-stroke patients were undergoing post-stroke rehabilitation <1 year, including this study. Roper Bearman test was used to determine the relationship between family support and self-efficacy with rehabilitation motivation for stroke patients. The analysis test in this study used the SPSS version 16 application. The results showed a strong relationship between family support and rehabilitation motivation ($p = 0.000$), coefficient value ($r = 0.620$) and self-efficacy relationship with significant rehabilitation motivation ($p = 0.000$) with coefficient value ($r = 0.682$) with the direction of a positive relationship. Family support and self-efficacy are closely related to patient motivation in undergoing post-stroke medical rehabilitation. With better family support and self-efficacy of stroke, patients can increase patient motivation in undergoing post-stroke rehabilitation.

Keywords: family support, rehabilitation motivation, self-efficacy, stroke

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INTRODUCTION

Stroke is the second or third common cause of death and one of the leading causes of acquired disability in adults. The greatest health impact after stroke is caused by disability and long-term care for patients and families which causes patients to feel tired, saturated, stressed, and depressed (Akbar et al., 2018; Fahmi et al., 2014; Langhorne et al., 2011; Noor et al., 2017). Medical rehabilitation interventions are indispensable for the recovery of motor function, muscle strengthening, and prevention of other stroke complications. There are two thirds or about 30% of stroke patients who have motivation in undergoing post-stroke rehabilitation. This is based on the existence of boredom, disturbed psychological conditions, and lack of family support, where this also has an impact on the quality of life of stroke patients (Amelia & Harahap, 2019; Baba, et al, 2015).

Self-efficacy is an individual's belief that he can do something in certain situations successfully (Lamak & Kusnanto, 2017; Torrisi et al., 2018). Brouwer-Goossens et al., in 2018, show the level of self-efficacy of stroke patients three months after the attack has a fairly low

value (33%) and significantly affect the motivation of patients in changing behavior related to their health (Brouwer-Goossens et al., 2018). The impact of low patient motivation in carrying out rehabilitation will worsen the patient's condition and bring the patient to a state of recurrent stroke complications, aggravating disability and causing other illnesses that can even lead to death (Kamalakkannan et al., 2016). Family support has a positive effect on increasing the motivation of stroke patients, increasing patient knowledge of post-stroke follow-up treatment, and improving the quality of life (Dharma et al., 2018). Patients with a low level of motivation are due to a lack of family support that does not understand the main factors that inhibit rehabilitation. This study aimed to analyze the relationship between family dependence and self-efficacy with post-stroke rehabilitation motivation.

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8 **Table 1.** Analysis of the relationship between family support and rehabilitation motivation of stroke respondents

Family Support	Rehabilitation Motivation					
	Moderate		High		Very High	
	n	%	n	%	n	%
Less	4	3.6	2	1.8	0	0
Enough	41	36.9	5	4.5	1	0.9
Good	11	9.9	34	30.6	13	11.7
Total	56	50.5	41	36.9	14	12.6

Spearman Rho, p : 0.000 r : 0.620

Table 2. Analysis of the relationship between Self-efficacy and rehabilitation motivation of stroke respondents

Self Efficacy	Rehabilitation Motivation					
	Moderate		High		Sangat Tinggi	
	n	%	n	%	n	%
Low	10	9.0	1	0.9	0	0.0
Medium	44	39.6	14	12.6	2	1.8
High	2	1.8	26	23.4	12	10.9
Total	56	50.5	41	36.9	14	12.6

Spearman Rho p : 0.000; r : 0.682

MATERIALS AND METHODS

The design of this study was descriptive correlational through a cross-sectional approach. This study used primary data sources from stroke patients who performed post-stroke treatment and underwent rehabilitation programs in neural poly. The sample used in this study was stroke patients who met the inclusion criteria of 111 stroke respondents. The questionnaire used in this study was a questionnaire. The family support questionnaire includes emotional support and appreciation, support, information support, and instrumental support. The stroke self-efficacy questionnaire includes activities, self-management, and the stroke motivation rehabilitation scale questionnaire, which includes intrinsic and extrinsic motivation. The data that has been obtained will then be analyzed using SPSS version 16 for Windows. All data collected were analyzed using Spearman Rho, with semi-quantitative (ordinal) data types with significance level $\alpha \leq 0.05$. This study already has ethical clearance from the Ethics Commission (KEPK) Faculty of Nursing at Universitas Airlangga, with certificate number 1824 – KEPK.

RESULTS

Table 1 showed that the Spearman Rho statistical test value of the relationship between family support and rehabilitation motivation of stroke patients shows a significant value of $p = 0.000$ which means $p \text{ count} < p \text{ table}$, which means that H1 received adequate family support found in almost half of stroke respondents, 41 people (36.9%) have moderate motivation in undergoing post-stroke rehabilitation. There are almost half of stroke respondents have good family support have high motivation in undergoing post-stroke rehabilitation that is 34 (30.6%). However, there are still as many as two respondents (1.8%) who had less family support but were highly motivated to undergo post-stroke

rehabilitation. Overall, family support for stroke patients was mostly good, as many as 58 (52.3%).

Table 2 shows that almost half the respondents or 44 people (39.6%) have moderate self-efficacy with moderate rehabilitation motivation. Respondents who have high self-efficacy in high rehabilitation motivation were found in 26 respondents (23.4%). Based on the Spearman Rho analysis, the significance value (p) = 0.000 with the coefficient value (r) = 0.682 was obtained. This means that the H1 hypothesis is accepted, meaning that there is a relationship between self-efficacy and rehabilitation motivation in stroke patients with a strong relationship strength (0.51 - 0.75) between self-efficacy and rehabilitation motivation, and the direction of the relationship is positive which means the higher self-efficacy, the higher the rehabilitation motivation in stroke patients.

DISCUSSION

Research shows that there is a significant relationship between family support and rehabilitation motivation for stroke patients in the neurological clinic. Most respondents were motivated to undergo rehabilitation after stroke with adequate family support. This study is not in line with the previous research that there is no significant relationship between family support with an increase in motivation and quality of life of patients after stroke (Vincent-Onabajo et al., 2016). This is due to the thought of patients who assume that receiving attention and help from the family illustrates the low state of himself, and his ability is lacking, so it is very dependent on the family. As a result, patients do not have the motivation to recover or recover and become passive because all their needs are met by the family. The study also found that family support was lacking, especially the respondent's instrumental support that provided answers sometimes to the question that families helped pay for treatment, provided facilities, and looked for lack of facilities and equipment needed to help patients carry out rehabilitation programs. Family support is very important in dealing with conditions that are considered uncontrolled because of the long duration of treatment (Sari et al., 2019). Stroke patients need the closest people who live at home who can provide emotional support and appreciation enough so that patients feel loved and remain enthusiastic about undergoing treatment (Harmayetty et al., 2017). Strong support from the next of kin makes the patient more enthusiastic about reaching the level of healing and functioning as before.

The results showed that the majority of stroke respondents aged > 45 years had sufficient self-efficacy. This condition is because most of the patients are in their late elderly age. The patient feels fear and hesitation in carrying out activities that will worsen the situation, one of which is falling, dizziness, or fatigue. Most patients

take drugs such as amlodipine, aspilet, and simvastatin so that patients feel afraid of the side effects of drugs that can worsen the situation. Torrisi et al., (2018) in their research also revealed that the self-efficacy and mood of stroke patients greatly influence the level of rehabilitation motivation and outcome from post-stroke rehabilitation (Torrisi et al., 2018). Stroke sufferers who have high self-efficacy believe that they will be able to improve functional status and cope with the situation effectively. High self-efficacy reduces fear of failure, increases aspirations, improves problem-solving, and increases self-motivation. In line with research conducted by Brouwer-goossensen et al., (2018), self-efficacy in stroke patients focuses on the patient's belief in performing behaviors. It can support the improvement of his therapy and improve his self-care management, such as rehabilitation, medication, and general self-care (Brouwer-Goossensen et al., 2018). Self-efficacy interventions need to be integrated into daily nursing care to increase patient motivation in undergoing post-stroke care programs. In general, people with good self-

efficacy will rise more quickly from failures or setbacks experienced and have a high commitment to be able to achieve something.

CONCLUSION

Good family support and self-efficacy affect the level of patient motivation in conducting post-stroke rehabilitation. However, there are still stroke patients with family support who lack high post-stroke rehabilitation motivation. This is influenced by intrinsic motivation. This study emphasizes the need for innovation in efforts to increase the motivation of stroke patients in following post-stroke rehabilitation to improve the quality of life of stroke patients. Good family support accompanied by a good level of self-efficacy must be supported by adequate information from mass and electronic media as well as health education from health workers about the importance of post-stroke rehabilitation.

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