

## THE SPIRITUAL CARE OF STROKE PATIENTS BY FAMILY AT HOME

**Rika Endah Nurhidayah, Rosina Tarigan, Nurbaiti**

Nursing Faculty of University of Sumatera Utara

rika\_en76@yahoo.com. basamkuta@yahoo.com. etyakis@yahoo.com

### Abstract

Stroke is proven to be a major cause of life chronic disability. Stroke requires a serious intervention since it can impact a physiological loss of body functions, such as the ability to communicate and think for the patients. Family empowerment is needed in patient's recovery and to minimize disabilities. Literature revealed that more than 50% of patients with stroke require treatment as a partial and total care. Therefore, Family involvement is needed for patients' daily living activities to assists the process of returning body functions as the impact of a stroke. This study was a qualitative study with phenomenological approach. The goal was to determine how the spiritual care delivered by the family at home. Data were collected through interviews with 7 participants, 6 people are Moslem and one person is Protestant. The criteria for the participants were family who caregiver stroke patient's. The data have been recorded or collected will be analyzed qualitatively as follows reduction, display, conclusions, verification and validity. The results showed that the family has not been fully facilitated and support the spiritual care of stroke patients. Families need to be motivated to provide spiritual care for stroke patient at home, in order to help improve the quality of life of patients after stroke.

**Keywords:** spiritual care, stroke patient's, family

### BACKGROUND

Stroke is determined as a cerebrovascular disease characterized by the death of brain tissue (cerebral infarction), due to the blood flow and oxygen reduction to the brain (Black & Hawk, 2009). Its' impact a physiological loss of body functions regulated by brain. According to American Heart Association /AHA (2002), stroke became the third highest cause of death which is about 162.672 people in the United States. In addition, approximately 700,000 people is suffered from stroke each year.

Stroke is the leading cause of death in all ages with 15.4% proportion. In case of Indonesia, 8 of 1000 people affected by stroke and every 7 people died because of stroke. According to World Health Organization/ WHO(2011), Indonesia is placed as world's 97<sup>th</sup> highest number of stroke patients with a mortality rate reached 138.268 people or 9.70% of total death since 2011. Based on a survey of basic health research (Risdaques, 2013), there is an increasing number in the prevalence of stroke based on interviews of 8.3 per 1000 (2007) to 12.1 per 1000 (2013).

Stroke is proved to be a major cause of chronic disability in life. It will change the patients without realizing it such as, the loss of motor skills, loss of communication, perceptual disturbances, bladder dysfunction, and even cognitive impairment due to brain damage. However, disturbances that arise also due to the location where the lesion or blockage of the blood vessels of the brain occurs, the size of the area that perfusion is adequate, and the amount of collateral blood flow (Dewi, 2004).

Therefore, stroke needs a serious treatment since its influence to the clients themselves and the family as the caregivers. Stroke also affects people in any ages and anytime (Department of Health, 2013). Family empowerment is needed because more than 50% of patients with stroke require a high dependence of treatment in partial and total care dependency. The family involvement in activity of daily living of patient with stroke will assist the process of returning the body's functions as the impact of stroke. Family involvement is not only limited for patients admitted to the hospital, the more important is when the patient has returned home.

The treatment of patients with stroke still focusing on physiological needs in the hospital. Thus, nurses should be able

to provide comprehensive nursing care including biological needs, psychological, social and spiritual. In case of spiritual needs, some hospitals are not facilitate the spiritual needs of patients and often neglected. Stroke is not only a matter of serious chronic neurological but also one of the main causes paralysis or disability. Patients who experience paralysis or disability can cause disruption of balance in four aspects of health, namely physical aspects/physical, psychological, social and spiritual (Utami & Supratman, 2009).

Patients with stroke patients suffered from communication disorders since its' damage to the left hemisphere causing paralysis of the right side of the body. Family's inability to understand the patient's may lead to depression among patients. Based on research conducted by Andrew & Susan, (2008), indicate that approximately 25-50% of stroke patients have depression which lead to the lack of motivation and influence the cognitive functions. This issue might affect changing in the level of quality of life after stroke. The level of quality of life of patients can determine how much they accept the condition with physical limitations in performing daily activities.

The quality of life reflects a person's spiritual level because the higher quality of life, the higher of the spiritual level. People

who have a high level of quality of life tend to be able to care for them, relate to others and the environment and be able to make sense of purpose in life in order to adapt to changes occurred (Kariasa, 2009). If the spiritual needs cannot be full filled, it might cause spiritual distress with behavior changing.

Spiritual distress a circumstances where an individual experiencing or at risk of disruption in the system of beliefs or values that give strength, hope, meaning and purpose of one's life with self, others and power greater than himself (Nanda, 2005). Based on the research background above, the researcher is interested conducting research on the spiritual care of patients with post-stroke by the family at home. This study aims to determine how the spiritual care of patients with post-stroke by the family at home.

The purpose of this study is expected providing benefits to the families and nurses who care for stroke patients in order to pay more attention to spiritual needs as part of the care given. Therefore, the nursing delivered to the patients with stroke are more comprehensive.

## METHODS

This study is a qualitative research approach phenomenology. Participants of this study are the families caring for

patients with stroke at home. The sampling technique was purposive sampling with criteria; patients with stroke properly oriented to time, person or place. This is a consideration because in the context of Islam one of the conditions that require a person to continue to perform worship (prayer) is not impaired memory or still conscious. The numbers of participants of this study were 7 participants.

Data were collected through in-depth interviews conducted directly by the researchers. The interview guidance based on spiritual assessment of Puchalski's FICA Spiritual History Tool, namely Faith, Importance, Community, and Address. Then, the data were analyzed to get theme categories.

The data have been recorded or collected will be analyzed qualitatively. According to Huberman (2010) data analysis steps are as follows data reduction, display data, conclusions and verification. According Moleong (2004) the examination of the validity of data can be done in several ways including: (1) the extension of participation, (2) persistence of observation, (3) triangulation, (4) checking of members, (5) the adequacy of reference, (6) negative case studies, (7) checks and audit colleagues (8) audits. For this research, the technique checks the validity of the data by means of (1) the

extension of participation, (2) triangulation, and (3) assessment of negative cases.

## RESULTS

The results showed that the number of participants in this study were 7 participants, consist of six Moslems and one Christian. The first theme of the meaning of the patient's spiritual needs by the majority of patients is not implemented according to the rules of worship. Moslems are not pray (sholat) and Christians are not pray/sing, but only zikr and crying as told by the participants as follows:

"Thank Godmother is already sit, but she is not praying" (R1)  
 "He's been healthy, able to walk, but no one ever look at him pray, I saw him doing zikr only on Maghrib"(R4)  
 "My wife has been healthy but not to pray anymore" (R5)  
 "I never saw him sing, but if my oldest child sing, I saw him listening, I do not know If he pray while I slept, because I've seen a few time she cried when I'm awake and my husband not to mention sleep" (R6)

The second theme is the family effort to meet the spiritual needs of their loved ones by taking them to church, read Yasin, Quran, and pray only since the family afraid of najis as the cancellation of pray for moslem, as told by participants below:

"She's fully awake but she's not pray (sholat), she just prays. Mom wear Pampers, urinated in pampers and its unclean, so that mother cannot pray"(R1)

"My wife was sitting up, but never pray because no help, I work every day" (R2).

"I did not remind him to pray, because even healthy in the past, he did not pray also" (R4).

"My husband is still weak, he never prays since he sick, I always recite prayers beside him, when I pray he seemed calm." (R3)

"We went there to invite him to church, but he would not, he said he embarrassed" (R6)

"My husband was already fully aware, but still weak, so he is not praying anymore, I just read yasin or short letters of Quran in my spare time.

The third theme of the spiritual community joined by the patients are Tarekat, wirid community, and pungan as told by the participants as follows:

"Before my husband had a stroke, he was active in *Pungan* and men's fellow ship, but since he suffered from stroke, he was only at home" (R6)

"My wife used to join *Suluk* community, now at home since she is not able to go far" (R2)

"My father used to join a *Tarekat* community, but he is not come regularly because of his job as a handyman, and he was tired of to go after work " (R7)

"Mama just come to *Wirid* community around home, she is now sitting in a chair if she get bored." (R1)

## DISCUSSION

Based on the results of this study concluded that the spiritual needs of stroke patients are still inadequate support by the family. This is illustrated by the themes that families are less motivating and facilitating the patient in order to meet their spiritual

needs. This condition is the same as the nursing care given by nurses in the hospital.

Family still prioritize physical treatment than the other three aspects of the psychological, social and spiritual. However according Kurniawati (2010) showed that family and community support is an important factor in helping to provide care stroke patients. If a person feels alone and isolated from others may raise questions about their spiritual values, life purpose and source of meaning in life (Potter & Perry, 2005).

Based on Rois research result (2010) obtained that data on the spiritual level of stroke patients who experienced a first attack as many as 35 people, found 19 (54.3%) with high spiritual and 16 people (45.7%) with a low spiritual. Whereas for recurrent stroke attack as many as 15 people (100%) obtained a high spiritual level of all. The result of this study does not mean that the level of spiritual support will be increased on the stroke of recurrent attacks. We recommend that patients do not experience recurrent stroke because of disability and mortality arising in recurrent stroke is much higher than the stroke in the first attack (Joseph, 2007 in Amelia 2012). In addition, the stroke also causes stress on the patient.

Adientya research results (2012) about the stress on the incidence of stroke

showed as many as 71 participants (78.9%) experienced stress, 30 participants (33.3%) mild stress, 28 participants (31.1%) moderate stress, 13 participants (14, 4%) severe stress and no participants (0%) very severe stress. Therefore, in the planning of nursing care that nurses can be given for the provision of moral support in order to reduce patient stress risk factors by means of the provision of information about the efforts of secondary prevention of stroke.

Sustained stress can cause spiritual distress. Spiritual distress is influenced by one's spiritual level. Many factors can affect a person's spiritual level, including process development, culture, religion, family, life experiences, critical and changes, and moral issues related to therapy (Hawari, 2002). In addition, according to Potter & Perry (2005) perception of the pain experience is important in defining each event, so there will be different responses. Musbikin (2003) adds that there is a positive relationship between religion and health. This is reinforced by research Ningsih (2014) that the family is in dire need of physiological needs, psychosocial and spiritual care for family members who have had a stroke and stress levels are in the care of a family who had a stroke's member.

## CONCLUSION

The results showed that the family has not been fully facilitated and support the spiritual care of stroke patients. Families need to be motivated to provide spiritual care for stroke patient at home, in order to help improve the quality of life of patients after stroke.

## REFERENCES

- Adientya, G.dan Handayani, F. (2012). *Stres Pada Kejadian Stroke. Jurnal Nursing Studies, 1*, 183-188.
- Amelia, S. (2012). *Hubungan antara Tugas Kesehatan Keluarga dengan Kejadian Stroke Berulang pada Lansia di wilayah Kerja Puskesmas Lubuk Buaya Padang*. Skripsi. Universitas Andalas
- Black,J. M. & Hawks, J. H. (2009) *Medical Surgical Nursing Clinical Management for Positive Outcomes, 8th Edition*. St Louis Missouri: Elsevier Saunders.
- Craven, R. F. & Hirnle C.J. (2009). *Fundamental of Nursing; Human, Health and Function*. USA: Wolters Kluwer Health/ Lippincott William & Wilkins
- Creswell, John. W. (2007). *Qualitative Inquiry and Research Design; Choosing Among Five Approaches*. Thousand Oaks, California: Sage Publications
- Hawari, Dadang. (2002). *Dimensi Religi Dalam Praktek Psikiatri dan Psikologi*. Jakarta: Balai Penerbit Fakultas Kedokteran Universitas Indonesia.
- Huberman, A.M, & Miles, M.B., 2010 : *Analisis Data Kualitatif* (Terjemahan Rohidi), Jakarta: UI Press.
- Kariasa, I. M. *Persepsi Pasien Pasca Serangan Stroke Terhadap Kualitas Hidupnya dalam Perspektif Asuhan Keperawatan*. Tesis. Universitas Indonesia
- Kurniawati, P. (2010). *Pengalaman Keluarga Merawat Penderita Paska Stroke di Wilayah Pesisir Kota Semarang*. Skripsi Universitas Diponegoro.
- Musbikin, Imam. 2003. *Rahasia Shalat Bagi Penyembuhan Fisik dan Psikis*. Yogyakarta: Mitra Pustaka.
- Ningsih, N.L. (2014). *Gambaran kebutuhan dan stres keluarga dalam merawat pasien stroke di RS stroke Nasional Bukittinggi*. Skripsi. Stikes YARSI
- Potter, A. P. & Perry, A. (2006). *Fundamental of nursing*. 4th



- edition. St. Louis Missouri: Mosby-Year Book, Inc.
- Puchalski. (2001). *The Role of spiritual in Health Care. Baylor University Medical center Proceedings*. Download 30 September 2014
- Riset Kesehatan Dasar (2013). *Badan Penelitian dan Pengembangan Kesehatan, kementrerian Kesehatan RI*. Download 18 March 2014
- Rois, Sahli. (2010). *Perbedaan Tingkat Spiritual Pasien Stroke Serangan Pertama dan Serangan Berulang di Di RSUD Dr. R. Goeteng Taroenadibrata Purbalingga*. Skripsi. Universitas Sudirman
- Sugiyono. (2010). *Metode Penelitian Kuantitatif, Kualitatif dan R & D*. Bandung: Alfabeta
- Utami, Y. W. & Supratman. (2009). *Hubungan Antara Pengetahuan dengan Sikap Perawat dalam Pemenuhan Kebutuhan Spiritual Pasien Di RSUD Sukoharjo*. Download 15 September 2014  
[http://publikasiilmiah.ums.ac.id/bitstream/handle/123456789/2039/BIK\\_Vol\\_2\\_No\\_2\\_4\\_Yuni\\_Wulan\\_Utami.pdf?sequence=1](http://publikasiilmiah.ums.ac.id/bitstream/handle/123456789/2039/BIK_Vol_2_No_2_4_Yuni_Wulan_Utami.pdf?sequence=1)
- Yastroki. (2007). *Indonesia, Negara Dengan Jumlah Penderita Stroke Terbesar di Asia*.  
<http://www.yastroki.or.id>.  
Download 5 March 2014