



Family Support Among Stroke Patients Hospitalized at Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025

Dukungan Keluarga di Kalangan Pasien Stroke yang Dirawat di Rumah Sakit Otak Dr. Drs. M. Hatta, Bukittinggi, pada Tahun 2025

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Abstrak

Stroke merupakan salah satu penyebab utama kecacatan dan kematian di dunia, termasuk di Indonesia. Stroke menempati peringkat kedua sebagai penyakit tidak menular penyebab kematian dan juga merupakan penyebab utama ketiga kecacatan di seluruh dunia. Pasien stroke sering mengalami perubahan fisik, psikologis, dan sosial yang signifikan, sehingga membutuhkan dukungan intensif dari keluarga untuk memfasilitasi proses pemulihan. Penelitian ini bertujuan untuk mengetahui deskripsi dukungan keluarga terhadap pasien stroke rawat inap di Rumah Sakit Otak Dr. Drs. M. Hatta Bukittinggi 2025. Jenis penelitian ini adalah deskriptif analitis. Sampel penelitian terdiri dari 96 keluarga pasien stroke rawat inap yang dipilih menggunakan teknik purposive sampling. Data dikumpulkan menggunakan kuesioner yang mengukur aspek dukungan informasional, emosional, instrumental, dan penghargaan. Dari hasil penelitian yang dilakukan pada 96 keluarga pasien, diperoleh distribusi frekuensi deskripsi dukungan keluarga terhadap pasien stroke rawat inap di Rumah Sakit Otak Dr. Drs. M. Hatta Bukittinggi tahun 2025 menunjukkan bahwa dukungan keluarga sebagian besar berada dalam kategori dukungan keluarga yang memadai, yaitu 58 orang (60,4%), 27 orang (28,1%) memiliki dukungan keluarga yang baik, dan 11 orang (11,5%) memiliki dukungan keluarga yang kurang memadai. Kesimpulan dari penelitian ini adalah sebagian besar keluarga pasien stroke di Rumah Sakit Otak Dr. Drs. M. Hatta Bukittinggi memberikan dukungan yang memadai.

Kata kunci: Stroke; Dukungan Keluarga

Abstract

Stroke is one of the main causes of disability and death in the world, including in Indonesia. Stroke ranks second as a non-communicable disease causing death and stroke is also the third leading cause of disability worldwide. Stroke patients often experience significant physical, psychological and social changes, requiring intensive support from the family to facilitate the recovery process. This study aims to determine the description of family support for stroke in inpatient care at Brain Hospital. DR. Drs. M. Hatta Bukittinggi 2025. This type of research is analytical descriptive. The research sample consisted of 96 families of hospitalized stroke patients who were selected using a purposive sampling technique. Data was collected using a questionnaire that measured aspects of informational, emotional, instrumental and reward support. From the results of research conducted on 96 patient families, it was possible to obtain a frequency distribution of descriptions of family support for stroke patients in the inpatient setting at Brain Hospital. Dr. Drs. M. Hatta Bukittinggi in 2025 shows that family support is mostly in the adequate family support category, 58 people (60.4%), 27 people (28.1%) have good family support and 11 people (11.5%) have insufficient



family support. The conclusion of this study is that most of the families of stroke patients at Brain Hospital. Dr. Drs. M. Hatta Bukittinggi provided sufficient support.

Keywords: Stroke; Family Support

INTRODUCTION

According to the World Health Organization (WHO, 2016), stroke is the second leading cause of death among non-communicable diseases and the third leading cause of disability worldwide. In Indonesia, the prevalence of stroke continues to increase with advancing age (Ministry of Health of the Republic of Indonesia [Kemenkes RI], 2017, as cited in Saputra & Mardiono, 2022).

The World Stroke Organization (WSO, 2019) reported that more than 13.7 million new stroke cases occur globally each year, with 52% occurring in men and 48% in women (Wahyuni et al., 2024). The 2018 Basic Health Research (Riskesdas) showed that 10.9 per 1,000 Indonesians had experienced stroke. In 2019, the highest prevalence of stroke was reported in East Kalimantan (14.7 per 1,000 population), while the lowest prevalence was found in Papua (4.1 per 1,000 population) (Kemenkes RI, 2020, as cited in Saputra & Mardiono, 2022). Data from the South Sumatra Provincial Health Office indicated that there were 22,013 stroke cases in 2018. In 2019, approximately 10% of cases were attributed to stroke, and this figure increased by 12% in 2020, reaching 25,215 stroke cases (South Sumatra Provincial Health Office, 2020, as cited in Saputra & Mardiono, 2022).

Stroke is a neurological disorder caused by an interruption of blood flow to the brain. It can occur suddenly within seconds or develop rapidly over several hours, resulting in neurological deficits depending on the affected brain region (Syafnita, 2024). Following a stroke, patients generally require long-term rehabilitation throughout the remainder of their lives. Consequently, patients who experience physical disabilities often require partial or complete assistance from family members to meet their daily care needs. Such support is commonly provided by the individuals closest to the patient, particularly family members (Siregar et al., 2019, as cited in Wahyuni, 2023).

Family members play an essential role as the primary support system for hospitalized stroke patients during the recovery period. Their continuous presence may help reduce patients' anxiety and improve the psychological well-being of both patients and their families (Rusdianti & Arofiati, 2019). Family support has also been shown to facilitate recovery, even among patients with impaired consciousness (Rasmita, 2021). As the closest source of emotional and practical assistance, families provide comfort, reassurance, and encouragement throughout the treatment process.

Families with strong emotional functioning and active social interactions are generally better equipped to cope with stressful situations and more receptive to acquiring new knowledge regarding patient care (Rasmita, 2021). Positive attitudes, optimism, resilience, fighting spirit, and spirituality are recognized as important strategies for improving patients' psychological well-being (Khasanah & Kristinawati, 2020). Patients diagnosed with chronic illnesses frequently experience anxiety and stress due to uncertainty regarding their health conditions (Salsabila & Nugroho, 2021, as cited in



Budhiana et al., 2025). Anxiety may adversely affect patients' hemodynamic stability by stimulating the release of epinephrine and norepinephrine, leading to increased heart rate, blood pressure, and cardiac output. Approximately 40% of critically ill patients experience anxiety, which may delay the recovery process (Damayanti & Waluyo, 2024, as cited in Budhiana et al., 2025).

One of the most effective approaches to reducing anxiety is family support. Family support refers to the assistance provided by family members to fulfill their respective roles within the family system. Adequate family support contributes positively to patient care by enhancing patients' sense of comfort, security, and emotional stability during hospitalization (Subekti, 2020, as cited in Budhiana et al., 2025). Furthermore, family support enables patients to feel cared for, valued, loved, and appreciated, thereby improving their ability to cope with illness and psychological distress (Lubis et al., 2024; Putri et al., 2020, as cited in Budhiana et al., 2025).

Families are generally prepared to provide assistance whenever patients require support. Such support helps patients feel safe, respected, loved, and emotionally secure, ultimately reducing feelings of anxiety. However, dissatisfaction with one's condition and prolonged illness may negatively influence social relationships and contribute to psychological disorders such as depression and anxiety if recovery does not progress as expected (Rahman et al., 2023).

Both patients and their families acknowledge that family presence positively influences patients' psychological well-being. Conversely, the absence of family members during hospitalization may increase anxiety, fear of losing loved ones, and emotional distress. Therefore, healthcare providers should also address the needs of family members to enable them to effectively support patients throughout hospitalization (Zahara Farhan et al., 2023).

Previous studies have consistently demonstrated the importance of family support for stroke patients. Wahyuni (2023) reported that emotional support was categorized as good in 100% of respondents. Informational support was good in 93.3% of respondents, while instrumental and appraisal support were each rated as good by 83.3% of respondents. Overall, 86.7% of respondents perceived family support as good, indicating that families provided adequate support to hospitalized stroke patients. Similarly, Syafnita (2024) found a significant relationship between family support and anxiety levels among stroke patients hospitalized at Dr. Drs. M. Hatta Brain Hospital, Bukittinggi. The study recommended that families strengthen their support by demonstrating greater care and motivation to encourage patients to participate actively in rehabilitation and reduce anxiety.

Self-acceptance and family support are also important determinants of patients' adaptation and quality of life (Amir & Tampubolon, 2024). Inadequate family support may cause patients to feel lonely, neglected, and unloved. Consequently, family support serves as an essential coping resource that helps patients manage their illness, adhere to treatment, and maintain hope for recovery. Strong family support has been associated with greater emotional stability and increased comfort among patients. The greater the support provided by family members, the higher the patient's emotional stability and overall well-being (Afifah, 2017, as cited in Kurniawati, 2024).

A preliminary interview conducted by the researcher with ten hospitalized stroke patients at Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025 revealed varying levels of perceived family support. Three patients reported consistently receiving informational support, including



explanations regarding their health condition, medical procedures, medications, post-discharge care, updates on their clinical condition, assistance with basic needs, financial management, and decision-making related to treatment. Four patients stated that their families occasionally explained treatment risks and benefits, consistently listened to their concerns, provided emotional encouragement, comforted them during periods of sadness, motivated them to recover, facilitated healthcare services, accompanied them to treatment sessions, provided practical assistance with daily activities, appreciated their efforts, and strengthened their self-confidence. However, three patients reported that their families never assisted with scheduling medical consultations, praised their recovery progress, provided sufficient emotional support, or offered useful advice when needed.

These findings indicate that although many stroke patients receive adequate family support, variations remain across different dimensions of support. Therefore, it is important to examine the overall description of family support among hospitalized stroke patients at Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, to provide evidence that may support the development of family-centered nursing interventions aimed at improving patients' recovery and psychological well-being.

METHODS

This study employed a descriptive analytic research design, which aims to describe and analyze phenomena occurring within a specific population. The study was conducted in the Inpatient Unit of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, Indonesia, from July 2025. The study population consisted of family members of stroke patients who were hospitalized at Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, in 2025. The study sample comprised family members of hospitalized stroke patients who met the predetermined inclusion criteria. A purposive sampling technique was used to select participants, resulting in a total sample of 96 respondents.

Family support was measured using a Family Support Questionnaire consisting of 25 positive statements. Responses were assessed using a four-point Likert scale: Very Often (4 points), Often (3 points), Sometimes (2 points), and Never (1 point), yielding a total score ranging from 25 to 100. Higher scores indicated greater perceived family support.

Prior to data collection, the questionnaire underwent validity and reliability testing. The validity test was conducted on 20 respondents, producing item-total correlation coefficients ranging from 0.503 to 0.768, all of which exceeded the critical value of 0.444, indicating that all questionnaire items were valid. Reliability testing demonstrated a Cronbach's alpha coefficient of 0.949, exceeding the acceptable threshold of 0.75, thereby confirming excellent internal consistency and reliability of the instrument.

The collected data were processed through several stages, including editing, coding, tabulating, data entry, and data cleaning. Data were analyzed using univariate analysis to describe the distribution of family support among hospitalized stroke patients. Frequency distributions and percentages were calculated using the following formula:

$$P = (f / N) \times 100\%$$

Where P represents the percentage, f represents the observed frequency, and N represents the total number of respondents. Based on the statistical classification proposed by Zovancha (2021), as cited in Kurniawati (2024), the class interval was determined by dividing the score range



(75) by three categories, resulting in an interval width of 25 points. Accordingly, family support was classified into three categories:

- a. Poor family support: 25–50
- b. Moderate family support: 51–75
- c. Good family support: 76–100.

RESULTS AND DISCUSSION

Results

1. Respondent Characteristics

The study involved 96 family members of hospitalized stroke patients. The frequency distribution of respondents' characteristics is presented in Table 1.

Table 1. Frequency Distribution of Respondents' Characteristics at the Inpatient Unit of Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, 2025

Characteristics	n	%
Age		
17–25 years	14	14.6
26–35 years	27	28.1
36–45 years	16	16.7
46–55 years	15	15.6
56–65 years	22	22.9
>65 years	2	2.1
Gender		
Male	25	26.0
Female	71	74.0
Occupation		
Housewife	48	50.0
Civil Servant	9	9.4
Private Employee	17	17.7
Self-employed	22	22.9
Educational Level		
Elementary School	7	7.3
Junior High School	11	11.5
Senior High School/Vocational High School	62	64.6
College/University	16	16.7
Monthly Income		
< IDR 1,500,000	7	7.3
IDR 1,500,001–2,500,000	35	36.5
IDR 2,500,001–3,500,000	54	56.3
Total	96	100



As shown in Table 1, the largest proportion of respondents were aged 26–35 years (27 respondents; 28.1%), while the smallest proportion were aged over 65 years (2 respondents; 2.1%). Most respondents were female (71 respondents; 74.0%), whereas 25 respondents (26.0%) were male. Regarding occupation, housewives constituted the largest group (48 respondents; 50.0%), while civil servants represented the smallest group (9 respondents; 9.4%). In terms of educational attainment, the majority had completed senior high school or vocational high school (62 respondents; 64.6%), whereas only 7 respondents (7.3%) had completed elementary school.

Regarding monthly income, the largest proportion of respondents earned IDR 2,500,001–3,500,000 per month (54 respondents; 56.3%), while the smallest proportion earned less than IDR 1,500,000 per month (7 respondents; 7.3%).

2. Family Support Among Hospitalized Stroke Patients at Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, 2025. The frequency distribution of family support among hospitalized stroke patients is presented in Table 2.

Table 2. Frequency Distribution of Family Support Among Hospitalized Stroke Patients at Dr. Drs. M. Hatta Brain Hospital, Bukittinggi, 2025

Family Support	n	%
Poor	11	11.5
Moderate	58	60.4
Good	27	28.1
Total	96	100

As presented in Table 2, the majority of respondents perceived moderate family support, accounting for 58 respondents (60.4%). Meanwhile, 27 respondents (28.1%) reported receiving good family support, whereas 11 respondents (11.5%) perceived poor family support.

Discussion

1. Respondent Characteristics

The study found that most respondents were family members aged 26–35 years (28.1%), female (74.0%), housewives (50.0%), had a senior high school/vocational high school (SMA/SMK) education (64.6%), and earned more than IDR 3,000,000 per month (61.5%). Productive-age family members generally have better physical capacity, emotional maturity, communication skills, and financial stability, enabling them to provide more effective care and support for stroke patients. Women predominated as caregivers because they traditionally assume the primary caregiving role, providing emotional support and daily patient care. Housewives had greater flexibility to accompany patients throughout hospitalization, while respondents with secondary education were better able to understand medical information and follow healthcare instructions. Furthermore, families with higher income were more capable of meeting patients' healthcare needs, including medical expenses, transportation, and rehabilitation support. Overall, these findings indicate that demographic characteristics such as age, gender, occupation, education, and income influence the family's ability to provide comprehensive support for hospitalized stroke patients.



2. Overview of Family Support for Stroke Patients

The study showed that 60.4% of respondents provided moderate (adequate) family support, 28.1% provided good support, and 11.5% provided poor support. Moderate support indicates that families generally fulfilled patients' emotional, informational, instrumental, and appraisal needs, although the support was not yet optimal in terms of consistency and quality. Informational support included explaining the patient's condition, treatment, and post-discharge care; emotional support involved listening, encouraging, and comforting patients; instrumental support consisted of assisting with daily needs, healthcare expenses, and transportation; while appraisal support included providing motivation, praise, and encouragement throughout recovery.

The predominance of moderate family support may be influenced by limitations in caregivers' knowledge, work responsibilities, and financial resources, as reported in previous studies. Meanwhile, good family support was associated with greater patient motivation, adherence to treatment, and improved rehabilitation outcomes, although only a minority of families consistently provided this level of support. Conversely, poor family support was mainly related to insufficient emotional involvement, limited knowledge about stroke care, financial constraints, and restricted availability due to work or other responsibilities. Overall, the findings suggest that family support among hospitalized stroke patients is generally adequate but still requires improvement, particularly through education, caregiver empowerment, and healthcare interventions aimed at strengthening all dimensions of family support.

CONCLUSION

The majority of the patients' family members were 26–35 years old, accounting for 27 respondents (28.1%), while the smallest proportion were over 65 years old, accounting for 2 respondents (2.1%). Most respondents were female, with 71 respondents (74.0%), whereas 25 respondents (26.0%) were male. Regarding occupation, the majority were housewives, comprising 48 respondents (50.0%), while the smallest proportion were civil servants, with 9 respondents (9.4%). In terms of educational level, most respondents had completed senior high school/vocational high school (SMA/SMK), totaling 62 respondents (64.6%), whereas 7 respondents (7.3%) had only completed elementary school. Regarding monthly income, the majority of respondents earned more than IDR 3,000,000 per month, accounting for 59 respondents (61.5%), while the smallest proportion earned IDR 1,000,000–2,000,000 per month, accounting for 16 respondents (16.7%). Most respondents demonstrated moderate family support, with 58 respondents (60.4%), followed by good family support with 27 respondents (28.1%), while 11 respondents (11.5%) were categorized as providing poor family support.

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