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The Relationship Between Family Support and Quality of Life in Recurrent Stroke Patients in the Aster Ward of Dr. Harjono S. Regional Hospital, Ponorogo Regency

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Abstract. Recurrent stroke is a chronic condition that has a significant impact on the physical, psychological, social, and environmental aspects of patients' lives. The recovery process of recurrent stroke patients requires comprehensive support, especially from the family, as the closest support system. Family support consists of emotional, informational, instrumental, and appreciative aspects that may influence patients' ability to adapt, perform daily activities, and improve their quality of life. This study aims to analyze the relationship between family support and the quality of life of recurrent stroke patients. The research used a quantitative approach with a cross-sectional correlational design. A total of 20 respondents were selected using a purposive sampling technique. Data collection was conducted using a family support questionnaire and the World Health Organization Quality of Life-BREF (WHOQOL-BREF) instrument. Data analysis was performed using the Spearman Rank test to determine the relationship between variables. The results showed a significant relationship between family support and quality of life among recurrent stroke patients, with a correlation coefficient of r = 0.473 and a p-value of 0.035 ($p < 0.05$). Patients with lower levels of family support tended to experience poorer quality of life. Therefore, improving family support is important to enhance the quality of life of recurrent stroke patients.

Keywords: Family Support; Quality of Life; Recurrent Stroke; Stroke Patients; WHOQOL-BREF.

1. INTRODUCTION

Reccrrent stroke is a chronic medical condition with a high risk of causing disability and death. According to the World Health Organization (WHO), approximately 25–35% of patients experience a recurrent stroke within the first five years after the initial attack, with a more severe impact on quality of life due to more extensive brain damage and a decline in both physical and cognitive functions. Risk factors such as hypertension, diabetes, smoking, unhealthy diets, and lack of physical activity further increase the likelihood of recurrence. Data from the World Stroke Organization recorded 12.2 million stroke cases globally in 2023, with over 6.5 million deaths annually. In Indonesia, the prevalence of stroke is 8.3 per 1,000 individuals aged over 15 years. East Java is among the provinces with the highest number of cases, and Dr. Harjono Regional Hospital in Ponorogo reported 397 stroke cases as of October 2022.

Quality of life is a key indicator in evaluating the recovery of stroke patients. Recurrent stroke often leads to a decline in the ability to perform daily activities, increased dependence on others, reduced productivity, and deteriorating economic conditions. One of the factors influencing patients' quality of life is family support. This support can take the form of emotional, instrumental, informational, and appraisal support, all of which contribute to enhancing patients' confidence, adherence to treatment, and mental well-being. The absence

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of family support, on the other hand, can lead to stress, anxiety, depression, and even social isolation, which may worsen the patient's condition.

A study conducted in the Aster Ward of Dr. Harjono Regional Hospital Ponorogo in January 2025 recorded 178 stroke patients and aimed to examine the relationship between family support and the quality of life in patients with recurrent stroke. The findings are expected to encourage the development of family-based nursing interventions and increase family awareness of the importance of their involvement in supporting stroke recovery. These results are also intended to serve as a consideration for healthcare professionals and institutions in designing more comprehensive and family-centered rehabilitation strategies.

2. THEORETICAL STUDIES

Several previous studies have explored the relationship between family support and the quality of life in patients with recurrent stroke. One relevant study was conducted by Cahya Lisda Octaviani et al. (2018), which aimed to examine the relationship between family support and the incidence of recurrent stroke at the National Brain Center Hospital. A quantitative method was used in the study. The results showed a significant relationship between family support and the occurrence of recurrent stroke, as indicated by a p-value of 0.040 ($p < 0.05$). This finding highlights the importance of family support in preventing stroke recurrence, as strong support can enhance patients' adherence to treatment and healthy lifestyle practices.

Another study by Ari Udiyono et al. (2019) investigated the relationship between rehabilitation and family support with the incidence of recurrent stroke. Using a quantitative method, the study found no significant relationship between rehabilitation and family support and the occurrence of recurrent stroke. The difference in findings may be attributed to the broader scope of variables, including rehabilitation, as well as differences in respondent characteristics compared to other studies.

These two studies strengthen the theoretical foundation of the present research, emphasizing that family support is a crucial factor influencing the quality of life of stroke patients. The findings from these previous studies serve as valuable references in the development of research instruments and the selection of appropriate analytical methods for this study.

3. RESEARCH METHODS

This study employed a quantitative approach with a correlational design, aiming to explore how and why a particular health phenomenon occurs. A cross-sectional approach was used, allowing the observation of the relationship between family support and the quality of life of recurrent stroke patients at Dr. Harjono S. Regional Hospital, Ponorogo Regency. Sample selection was carried out based on predefined inclusion and exclusion criteria. Data were collected using a validated questionnaire and analyzed using a cross-tabulation test. The results showed a p-value of < 0.05, indicating a significant relationship between the two variables under investigation.

4. RESULTS AND DISCUSSIONS

General Data

Table 1. Frekuensi General Data.

Carakteristik	Category	Amount	Presentase (%)
Old	31-40 year	4	20%
	41-50 year	5	25%
	>50 year	11	55%
Gender	Man	9	45%
	Woman	11	55%
Education	No school	4	20%
	SD	4	20%
	SMP	7	35%
	SMA	3	15%
	COLLEGE	2	10%
Work	PNS	2	10%
	Wiraswasta	6	30%
	Farmer	12	60%
Wedding	merried	20	100%

Source: Primary Data (2025).

This study involved 20 respondents recurrent stroke patients who were hospitalized in the Aster Ward of Dr. Harjono S. Regional Hospital, Ponorogo Regency. Based on gender distribution, the majority of respondents were female (55%), while male respondents accounted for 45%. This indicates that, in this study, recurrent stroke cases were slightly more prevalent among women. In terms of age, most respondents were over 50 years old (55%), followed by those aged 41–50 years (25%) and 31–40 years (20%). This aligns with the fact that stroke risk increases with age.

In terms of education level, the largest proportion of respondents had completed junior high school (35%), followed by those with no formal education and elementary school graduates (20% each), high school graduates (15%), and university graduates (10%). This reflects that most respondents had a low educational background.

Regarding occupation, the majority were farmers (60%), followed by self-employed individuals (30%), and civil servants (10%). All respondents in this study were married (100%), indicating that most patients had a family support system that could potentially be optimized during the recovery process. These characteristics are important for understanding the social and economic context of the respondents, which may influence their quality of life and the extent to which they receive family support during post-stroke care.

Specific Data

Identification of Family Support for Recurrent Stroke Patients in the Aster Ward, Dr. Harjono S. Regional Hospital, Ponorogo Regency

Table 2. Frequency of Family Support.

Suport family	Amount	Presentase (%)
Suport	5	25%
No suport	15	75%
Total	20	100%

Based on the table above, the study results show that the majority of recurrent stroke patients (75%) did not receive adequate family support, with only 25% reporting that they received such support. This indicates that family support remains limited and should be a key concern in the recovery process. Family support plays a crucial role in patient adaptation, including physical, emotional, and psychosocial aspects. According to House's theory (as cited in Fitriana, 2021), there are four dimensions of family support: emotional, instrumental, informational, and appraisal. When these are not fulfilled, they may hinder the healing process. This is supported by studies from Nursalam (2021) and Wicaksana et al. (2021), which state that low levels of family support can trigger stress, anxiety, and even depression, all of which negatively affect the patient's quality of life.

Family support in the context of stroke rehabilitation includes emotional care, assistance with daily activities, moral support, and involvement in treatment. Friedman (2020) emphasized that the family is the primary support system for patients undergoing treatment. A study by Putri et al. (2021) also demonstrated that patients receiving family support showed better adherence to treatment and a more positive prognosis. However, the fact that 20% of respondents had no family support remains a point of concern, which may be due to economic constraints, geographical distance, lack of knowledge, or family conflict. Therefore, hospitals and healthcare providers need to implement educational approaches such as family counseling and health education sessions, in order to enhance family involvement in patient care.

Identification of Quality of Life of Recurrent Stroke Patients in the Aster Ward, Dr. Harjono S. Regional Hospital, Ponorogo Regency

Table 3. Frequency of Quality of Life.

Quality of life	Amounth	Presentase (%)
good	6	30%
Bad	14	70%
Total	20	100%

Based on the study results, out of 20 respondents, 14 individuals (70%) were found to have a poor quality of life, while only 6 individuals (30%) were categorized as having a good quality of life. This finding indicates that most recurrent stroke patients experience limitations across various aspects of life, including physical, psychological, social, and environmental dimensions. Recurrent stroke, as a chronic condition, often leads to disability and dependence on others, as well as emotional disturbances that negatively impact patients' perceptions of their daily lives.

Quality of life is a multidimensional concept that includes six main domains according to WHOQOL: physical health, psychological well-being, level of independence, social relationships, environment, and spirituality. When one or more of these domains are disrupted due to stroke, the patient's overall quality of life tends to decline significantly. Studies by Putri and Wahyuni (2022) and Prasetya et al. (2022) support these findings, indicating that a lack of family and social support, limited access to healthcare services, and poor adherence to therapy are key factors that worsen psychological conditions and reduce quality of life in recurrent stroke patients.

Therefore, continuous interventions that address physical, psychosocial, and spiritual aspects of care are essential in the treatment of stroke patients. Family education programs, counseling, psychosocial support, and improved access to rehabilitation services should be integral components of healthcare delivery. Healthcare professionals play a vital role in building a strong and comprehensive support system, involving both families and communities in the care process. These collective efforts are expected to enhance the overall and sustained quality of life for patients with recurrent stroke.

Analysis of the Relationship Between Family Support and Quality of Life in Recurrent Stroke Patients at the Aster Ward, Dr. Harjono S. Regional Hospital, Ponorogo Regency

Table 4. Cross-tabulation of Family Support and Quality of Life.

Family Suport	Quality of Life Good		Bad		Total	
	n	%	n	%	n	%
no suport suport	5	23,3%	0	0,0%	5	23,3%
Total	1	6,7%	14	70%	15	76,7%
	6	30%	52	70%	94	100%

r = 0,473 n=20
p value < 0.05

The results above indicate a significant relationship between family support and the quality of life of patients with recurrent stroke. Of the 20 respondents, 5 individuals (23.3%) who received family support had a good quality of life, and none of them reported a poor quality of life. In contrast, among the 15 respondents (76.7%) who did not receive family support, only 1 person had a good quality of life, while the remaining 70% experienced poor quality of life. The Spearman Rank test yielded a correlation coefficient of $r = 0.473$ with $p < 0.05$, indicating a significant positive relationship between the two variables.

Family support plays a crucial role as the primary support system in the recovery process of stroke patients, especially in chronic conditions such as recurrent stroke. This support not only assists patients physically, but also aids in medical decision-making and psychological reinforcement. A lack of support can lead patients to feel abandoned and powerless, resulting in decreased self-esteem, depression, anxiety, and reduced motivation to undergo treatment and rehabilitation. A patient's quality of life is influenced not only by medical factors but also significantly by psychosocial and environmental aspects, including family support.

Therefore, the findings of this study underscore the importance of family-based nursing interventions in improving the quality of life of patients with recurrent stroke. Healthcare professionals should actively involve families in the care process through education, counseling, and ongoing support.

5. CONCLUSIONS

A study involving 20 respondents in the Aster Ward of Dr. Harjono S. Regional Hospital, Ponorogo, revealed that the majority of recurrent stroke patients did not receive adequate family support (75%) and most had a low quality of life (70%). The results of the Spearman Rank test indicated a significant correlation between family support and patients'

quality of life (r = 0.473; p = 0.035), suggesting that higher levels of family support are associated with better quality of life among recurrent stroke patients.

Based on these findings, healthcare professionals are encouraged to actively involve family members in the care and rehabilitation process through regular education, counseling, and efforts to raise awareness about the importance of both psychosocial and physical support for patients. Patients are expected to be open to family involvement, while families should provide consistent support—emotionally, instrumentally, and informationally. Hospitals can develop family-based intervention programs aimed at improving the quality of life of stroke patients. Future research is recommended to explore additional factors that may influence patients' quality of life, such as economic status, duration of illness, and the degree of family involvement.

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It is hoped that the results of this study will contribute to the advancement of nursing science, particularly in enhancing the role of families in supporting the quality of life of recurrent stroke patients, and serve as a useful reference for healthcare professionals in providing more comprehensive and holistic nursing care.

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