

THE IMPORTANCE OF PSYCHOSOCIAL ASSISTANCE AND SPIRITUAL APPROACHES IN PALLIATIVE CARE FOR STROKE PATIENTS

Gardha Rias Arsy¹, Wafda Nailil Muna², Sri Hindriyastuti³, Ambarwati⁴
^{1,2,3,4}Department of Nursing, Cendekia Utama Kudus Institute of Health Technology
*Corresponding Author: gardarias051@gmail.com

Abstract.

Background: Entering old age is a stage that every individual cannot avoid. The natural aging process is characterized by a decline in physical, cognitive and psychological abilities in old age. One of the diseases that elderly people often experience is stroke, both hemorrhagic and ischemic strokes. Stroke is a disease that disrupts brain function, if left untreated and untreated it can cause death. The health problems experienced by a stroke person not only disturb the physical aspect but also the psychological one which will have an impact on the psychosocial condition. Objective: To explore the experiences of elderly stroke patients with psychosocial problems. Method: The type of research used is qualitative research using a phenomenological approach. The selection of participants was carried out using a purposive sampling method. Participants in this research were 5 elderly people in Bakalan Village. Data collection techniques in this research were observation, interviews and documentation, with 13 open question points. Data analysis techniques used in this research include: 1) Reading and Re-reading; 2) Initial Noting; 3) Developing Emergent Themes; 4) Searching for Relationships between Emergent Themes; 5) Moving the Next Cases; 6) Looking for Patterns in Various Cases; and 7) Taking Interpretations to Deeper Levels. Research Results: Based on the research analysis, 2 main themes were found, namely: (1) Spiritual Approach, (2) Optimal Family of Support System. Conclusion: Strokes that attack the elderly cause increased dependency in the elderly. So strokes experienced by the elderly not only disturb the physical aspect but also psychological aspects and will have a psychosocial impact.

Key words: Elderly, Psychosocial, Stroke, Palliative Care

INTRODUCTION

The prevalence of stroke according to data from the World Stroke Organization (WHO) shows that every year there are 13.7 million new cases of stroke, and around 5.5 million deaths occur due to stroke. Meanwhile, according to Rikesdes (2018), the prevalence of stroke increased compared to 2013, namely from (7%) to (10.9%). East Kalimantan is the province with the highest figure at 15%, meanwhile. Papua is the province with the lowest figure at 4.1%. Central Java is the 4th province in all of Indonesia with 3.8%. Dinas Kesehatan Provinsi Jawa Tengah (2013) stated that the highest number of stroke cases in Central Java was the city of Semarang, namely 3,986 cases (Dinas Kesehatan, 2019). The number of stroke patients based on data obtained in Bakalan village was 28 people.

According to the American Stroke Association (ASA), stroke is a condition where the arteries in the brain burst or become blocked, causing brain cells to die if they do not get blood, nutrients and oxygen (American Stroke Association, 2020). Stroke is a disease that disrupts brain function, if left untreated and untreated it can cause death. (Hartono et al., 2019). The cause of death due to stroke is 52% in men and 48% in women. The incidence of stroke in the elderly occurs in 60% of all cases. According to the Asean Neurological Association (ASNA) Stroke Epidemiological Study, data was obtained from 2065 stroke patients in 28 hospitals in Indonesia, the average age was 59 years, 13% were less than 45 years, and 37% were more than 65 years World Stroke Organization (WSO) in Lindsay et al., (2019), From these data it can be seen that the highest incidence of strokes is suffered by the elderly. Strokes that attack the elderly cause increased dependency on the elderly (Hakim & Arsy, 2022). Stroke can have an impact on many aspects of life, such as disability, both mild and severe, activity disorders that cause dependence on daily activities, changes in emotions, behavior and cognition. This results in a decrease in the quality of life for sufferers (Sri Hindriyastuti et al., 2023)

A study conducted by Eva (2022) using qualitative methods with in-depth interviews showed

that the stroke condition experienced resulted in a deep sad response, feelings of disappointment, frequent daydreaming, feelings of self-loathing, feeling that he was useless because he had to depend on others. Feelings of shame about their condition result in withdrawal and inability to socialize. The experience of elderly stroke patients who experience psychosocial problems is influenced by factors such as social support, quality of life, self-acceptance, and adaptation to changing health conditions. An in-depth understanding of these factors can provide an important basis for designing care programs that take into account palliative and psychosocial aspects for elderly patients.

METHODS

This research uses a qualitative research method using an interpretative phenomenological approach. Phenomenological studies can be defined as the study of a person's life experiences or a method for studying how individuals subjectively perceive experiences and provide meaning to these phenomena (Amini & Arsy, 2022). In this study, researchers want to understand the experience of subjectivity, namely the experience of elderly stroke patients who experience psychosocial problems naturally without any manipulation. This phenomenon cannot be described quantitatively because the experiences experienced by each person are different.

RESULTS AND DISCUSSION

The adaptation process for stroke patients really requires a support system. The support system is the key to the rehabilitation process for someone with a stroke. The rehabilitation process carried out for physical recovery is through treatment and therapy (G R Arsy et al., 2023) This is also due to the financial support provided by the family. Psychological disorders are also experienced by someone with a stroke which is characterized by feelings of sadness, anger and disappointment. In facing this situation, they surrender to the conditions they experience because they have made various efforts, they prefer to get closer to God.

Apart from surrendering and being close to God, he also received support from his family in experiencing psychological disorders, namely by giving advice to be patient, sincere and encouraging. It can be concluded that negative support provided by family members is the strongest cause of the emergence of depressive symptoms (Gardha Rias Arsy et al., 2024). Palliative care goes beyond providing pain relief and symptom management. It aims to improve the overall well-being and quality of life of patients and their families when facing serious illnesses, such as cancer, heart failure, or other chronic conditions. The focus is on improving the patient's comfort and emotional well-being. In this context, the role of the caregiver becomes very important.

This research illustrates the importance of psychosocial assistance and spiritual approaches in palliative care for stroke patients. After conducting interviews, compiling verbatim transcripts, and data analysis, two themes were obtained, namely:

Theme 1: Spiritual Approach

In this theme, participants revealed that using a spiritual approach such as prayer and prayers could overcome all the problems they experienced. Following are the participants' expressions regarding this matter:

“...Nggih berdo’a niku, ngadep kaleh seng gawe urip mugi-mugi diparingi ati jembar saget nrimo keadaan. Nek sakniki opoleh ndok seng dijuluk nek ora ngono. Diparingi teseh saget ngomong mawon alhamdulillah. Dipasrahke mawon kaleh seng gawe urip sopo ngerti niki salah sijine cobaan seng saget ngehapus dosa-dosane kulo...” (P1)

(“..Yes, pray, face God, hopefully you will be given an open heart that can accept the situation. Now, what are you asking for, if not, that's it. Granted I can still talk, thank God. I just leave it to God, who knows, this is one of the trials that can wash away my sins..” P1)

“...Yo nangis iku a ndok ndek pisanan, yowes ndongo. Ndongo karo seng gawe urep yo karo nangis yo karo sembarang dengah wong ancen milik ndang mari. Sekiro kumpul karo kanca-kancane. E nek menowo ijeh iso lurus koyo sitek-sitek kebutuhan yo iseh mberah wong putu-putune yo iseh sekolah nek menowo iseh iso nyangoni putu-putune mboh pie, kan ngono a ndok...” (P3)

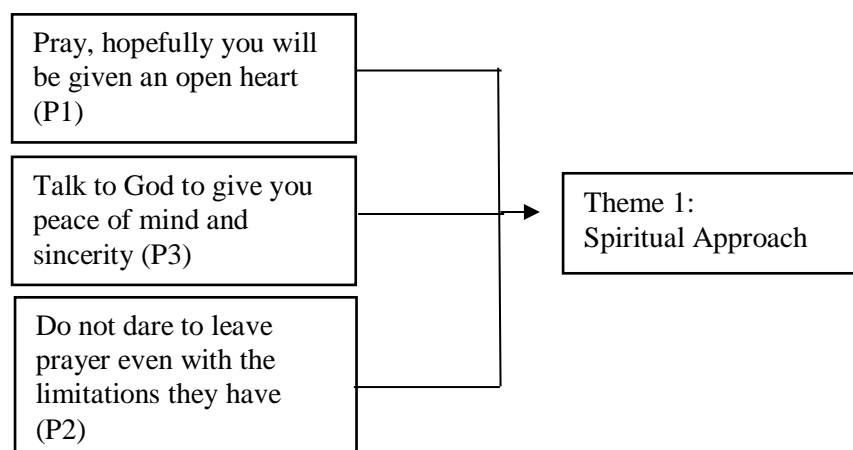
(“...Yes, I'm crying, son, first of all, I've prayed, I've prayed to God while I've cried and everything else because I really want to be healed. So you can gather with friends. Who knows, who knows, I can still earn some money when I need it, yes, I still have lots of grandchildren, yes, I'm still in school, who knows, I can still give my grandchildren pocket money, right?...” P3)

Other participants said they did not dare to leave prayer even with the limitations they had. Following are the participant's expressions:

“...Nggih ndok rawani kulo ndok nek ninggal sholat niku ndok, neng kulo niku lalinalan mpon kok ndok, nek mat niku bar moco opo terus nek mat kulo nggih lali ngoten niku...” (P2)

(“...Yes, son, I wouldn't dare if I left the prayer, son, but I'm already forgetful, son, sometimes I finish reading something and then sometimes I forget that, son...” P2).

The data analysis process to form theme 1 will be presented in a theme scheme along with a description of the categories and themes depicted in the scheme below:



Research has proven that someone living with an illness becomes sensitive and there is an increase in their awareness of their sense of spirituality and the need to fulfill spirituality itself (Taylor, 2009). Spirituality can be important during an illness, during treatment and during relapses. Fulfilling spiritual needs can also be a key coping strategy for patients in dealing with various kinds of stress related to the threat of illness, chronic pain and side effects due to illness and its treatment. Several studies show that many beliefs or spirituality held by patients have an important role in their lives, including a positive correlation between spirituality and the patient's health condition (Puchalski, 2004).

Spiritual needs are the basic needs of every individual to gain confidence, hope, and the meaning of life. Attention to spiritual needs can also be utilized by every good person healthy or sick, such as post-stroke patients who often experience physical limitations, and there is a psychological effect on the disability condition experienced. Someone who experiences suffering, severe stress or chronic illness when he has tried his best and has not obtained optimal results from his efforts, then he will seek comfort and strength from God (Suryawantie, 2019).

This is supported by research conducted by Erni Musmiller (2020) which states that there is a significant relationship between spiritual activity and levels of depression in the elderly. The conclusion that can be drawn is that spiritual programs can reduce depression. This is no different from the results of this study where participants said that they did not dare to leave prayer even with their limitations, praying to God to ask for healing. Religion, health, medicine, and health, psychosocial conditions are interrelated in an individual's life. as a participant in community groups and adaptation to life processes (Koenig, 2012).

Theme 2: Optimal Family Support System

Tema support system menjadi penguat untuk menjalani hidup diungkapkan dengan berbagai contoh dukungan untuk menjalani hidup. Beberapa partisipan mengungkapkan bahwa mereka tidak hanya mendapat dukungan dari keluarga berupa dukungan fisik juga berupa dukungan moral dan finansial. Berikut ungkapan partisipan mengenai hal tersebut :

"...Nggeh ndok, kulo angsal dukungan nggih saking keluargane kulo niku ah panci, mboten wong lio. Pengene keluargane kulo nggih kulo mari ndok wong wes di obatke rono rene. Nek di bolak balikke kan kabeh ancen salahku dewe a ndok. Sampe saiki nek aku iseh gelem di presakkne nggih do mangkat. Tapi kulo ae seng ewoh mboten kepenak wong nate kejadian seng koyok ngono, bati percuma..."(P1)

("...Yes, son, I get support from my family, not anyone else. My family wants me to recover, son, because they have been taken here and there for treatment. If everything goes back and forth, it's my own fault, son. Even now, I still want to be taken for treatment if I want to. But I'm the only one who feels uncomfortable because something like that happened before, it's useless.." P1)

"...Nggih katah a ndok, nggih nek anak kulo dulur kulo mbaturi niku nggih kulo dikandani tirik-tirik ngoten ah ndok yo dikon seng ikhlas seng sabar nggih ngoten ndok ah. Nyemangati kulo, wes a mbah nek diparingi waras dak waras a mbah. Nggih ngoten ah ndok..."(P2)

("...there are a lot of children, if my child, my siblings accompanied me, I would be given a lot of advice, like that, son, I would be told to be sincere and patient, like that, son. Give me encouragement, Grandma, if you give me healing, I will definitely recover, son. That's right, son..."P2)

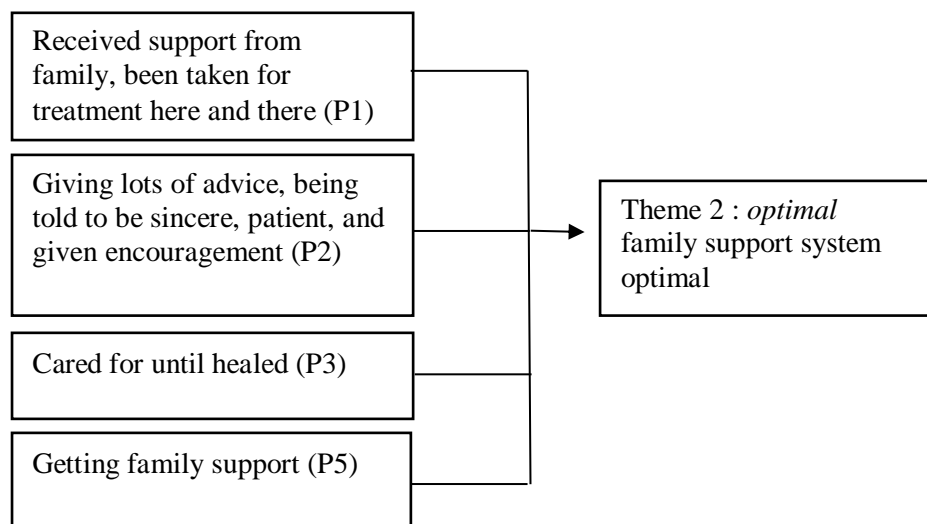
"...mbah seomah, opo-opo yo mbi anak. Yo iki a dirumati nganti sembuh a ndok aku..."(P3)

("...grandfather in the same house, if there are activities, it's with the children. Grandma depends on the child. Like this, I was treated until my son recovered..." P3)

"...selama proses pengobatan dan terapi untuk stroke diurus keluarga. apa saja yang dianjurkan untuk perawatan nenek keluarga mendukung lah...."(P5)

("...During the treatment and therapy process for stroke, the family takes care of it. Everything recommended for the grandmother's care process was carried out. The family supports Grandma's good.."P5)

The data analysis process to form theme 2 will be presented in the theme scheme along with a description of the categories and themes depicted in the scheme below:

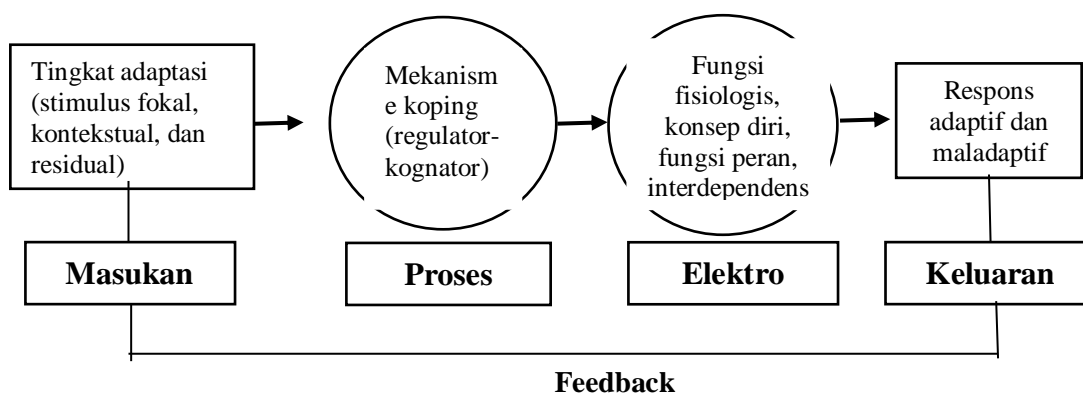


In research conducted by Agustiani in 2023 regarding family support, it is a description of the relationship between attitudes, actions and acceptance of family members towards other family members by providing attention and support. Good family support for stroke patients always tries to heal and restore the patient so that the patient is more comfortable both physically and psychologically. Stroke patients need support from their families both physically, mentally and emotionally (Rahman et al., 2017).

The role of the family is to help during the patient's healing and recovery period so that the amount of family support can increase the success of the rehabilitation, healing and recovery of stroke patients and contribute to the development of strategic coping and can reduce the stress experienced by the patient (Bachtiar et al., 2022). This is no different from the results of this study where the participants felt they received a lot of support from family, neighbors and work friends. This support was felt to be very meaningful for participants and helped them be more enthusiastic about obtaining healing (Afiyah, 2018).

The psychological response that arises is experiencing emotional disturbances and feeling like a burden on the family. The emotional disturbances felt are feelings of sadness,

anger and disappointment over the limitations experienced, resulting in dependence on other people. This creates a feeling that he is only a burden on the family. If someone experiences psychological problems, they will also experience social problems such as feeling confined and experiencing low self-esteem (Karunia., 2016). The social response experienced by all participants in this study was a reduction in their social activities after suffering a stroke. The psychological and social responses experienced by the participants made them surrender to their way of life and draw closer to God. However, the feeling of surrender and spiritual aspects that are carried out are not enough. What is most needed by participants who experience psychosocial problems is a support system from both the family and the surrounding environment. This support was felt to be very meaningful for participants and helped them be more enthusiastic about obtaining healing (Oshvandi et al., 2024).



Gambar 4.9
Model Adaptasi Callista Roy

This is in line with Callista Roy's adapted nursing theory that the psychosocial problems experienced by patients with stroke require a support system. Callista Roy's adaptation theory reveals that this adaptation system is in the form of individual behavioral responses which can be studied by nurses both objectively and subjectively. This behavioral response can provide feedback to the individual and their environment. Roy categorizes the output of this adaptation system in the form of adaptive responses and ineffective responses. Adaptive responses can improve individual integrity while ineffective responses cannot support the achievement of individual treatment goals (Alimohammadi et al., 2015).

The adaptation process for stroke patients really requires a support system. The support system is the key to the rehabilitation process for someone with a stroke. The rehabilitation process carried out for physical recovery is through treatment and therapy. This is also due to the financial support provided by the family (Ulfa, 2019). Psychological disorders are also experienced by someone with a stroke which is characterized by feelings of sadness, anger and disappointment. In facing this situation, they surrender to the conditions they experience because they have made various efforts, they prefer to get closer to God. Apart from surrendering and being close to God, he also received support from his family in experiencing psychological disorders, namely by giving advice to be patient, sincere and encouraging. It can be concluded that negative support provided by family members is the strongest cause of the emergence of depressive symptoms (Erol Ursavas et al., 2014)

CONCLUSION

Based on the results of this research, there are several conclusions about the experiences of elderly stroke patients with psychosocial problems in Bakalan village, Dukuhseti subdistrict, Pati district.

1. The psychological response experienced by elderly stroke patients includes the emergence of emotional disturbances such as feelings of sadness, anger, disappointment, and also feeling like they are a burden on the family
2. The social response expressed by elderly stroke patients is that they feel confined and experience low self-esteem when participating in social activities
3. The coping mechanism used by elderly stroke patients in dealing with the psychological and social responses they experience is surrendering to the way of life, the condition of the spiritual aspects carried out
4. Every elderly stroke patient receives support from the surrounding environment, especially family support, so that they get positive benefits from this support.

REFERENCES

- Agustiani, M., & Moonti. (2023). Pengaruh Efektivitas Support System Keluarga Terhadap Penurunan Tingkat Kecemasan Pasien Pre Operatif di Ruang Bedah RSUD Gunung Jati Cirebon. *Journal of Nursing Practice and Education*, 3(2), 112-118.. U. M. (2019). Hubungan Stres Terhadap Proses Adaptasi (Teori Callista Roy) Pada Lanjut Usia Dengan Hipertensi Di Wilayah Kerja Puskesmas Perumnas Ii Pontianak. *Tanjungpura Journal of Nursing Practice and Education*, 1(1). <https://doi.org/10.26418/tjnpe.v1i1.35014>
- Afiyah, R. K. (2018). Dukungan Keluarga Mempengaruhi Kemampuan Adaptasi (Penerapan Model Adaptasi Roy) Pada Pasien Kanker Di Yayasan Kanker Indonesia Cabang Jawa Timur. *Journal of Health Sciences*, 10(1), 96–105. <https://doi.org/10.33086/jhs.v10i1.150>
- Alimohammadi, N., Maleki, B., Shahriari, M., & Chitsaz, A. (2015). Effect of a care plan based on Roy adaptation model biological dimension on stroke patientsâ physiologic adaptation level. *Iranian Journal of Nursing and Midwifery Research*, 20(2), 275–281.
- Amini, A. S., & Arsy, G. R. (2022). Gambaran Post Traumatic Stress Disorder (PTSD) pada Lansia Pasca Positif Covid-19. *Nursing Information Journal*, 2(1), 34–40. <https://doi.org/10.54832/nij.v2i1.279>
- Arsy, G R, Purwandari, N. P., & ... (2023). Aspek Kualitas Hidup Dan Spiritual Orang Dengan Hiv/Aids (Odha) Yang Menjalani Perawatan Paliatif: Literature Review. *Jurnal Profesi ...*, 10(2), 161–172. <https://jprokep.jurnal.centamaku.ac.id/index.php/jpk/article/view/165>
- Arsy, Gardha Rias, Wulandari, S. D., Listyarini, A. D., Studi, P., & Keperawatan, I. (2024). *Study Fenomenologi : Chronic Sorrow Pada Individu Yang Kehilangan Pasangan Hidup Akibat Covid-19*. 3(2), 79–87.
- Bachtiar, I., Nugroho, I. A., & Yuwono, P. (2022). The Role Of Family As A Support System In Adjustment Of Diabetes Mellitus Patients Based On Adaptation Theory Of Callista Roy. *University Research Colloquium*, 20, 337–348. <http://repository.urecol.org/index.php/proceeding/article/view/2329/2290>
- Erol Ursavas, F., Karayurt, Ö., & Iseri, Ö. (2014). Nursing Approach Based on Roy Adaptation Model in a Patient Undergoing Breast Conserving Surgery for Breast Cancer. *The Journal of Breast Health*, 10(3), 134–140. <https://doi.org/10.5152/tjbh.2014.1910>

- Hakim, A. N., & Arsy, G. R. (2022). Hubungan Tingkat Pengetahuan Keluarga dengan Perawatan Penderita Hipertensi di Rumah. *Nursing Information Journal*, 2(1), 41–46. <https://doi.org/10.54832/nij.v2i1.280>
- Karunia., E. (2016). Hubungan antara dukungan keluarga dengan kemandirian Activity of Daily Living Pascastroke. *July*, 213–224. <https://doi.org/10.20473/jbe.v4i2.2016.213>
- Koenig, H. G. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *ISRN Psychiatry*, 2012, 1–33. <https://doi.org/10.5402/2012/278730>
- Oshvandi, K., Torabi, M., Khazaei, M., Khazaei, S., & Yousofvand, V. (2024). Impact of Hope on Stroke Patients Receiving a Spiritual Care Program in Iran: A Randomized Controlled Trial. *Journal of Religion and Health*, 63(1), 356–369. <https://doi.org/10.1007/s10943-022-01696-1>
- Puchalski, C. (2004). Spirituality in health: The role of spirituality in critical care. *Critical Care Clinics*, 20(3), 487–504. <https://doi.org/10.1016/j.ccc.2004.03.007>
- Rahman, R., Dewi, F. S. T., & Setyopranoto, I. (2017). Dukungan keluarga dan kualitas hidup bagi penderita stroke pada fase pasca akut di Kabupaten Wonogiri. *Berita Kedokteran Masyarakat*, 33(8), 383. <https://doi.org/10.22146/bkm.22599>
- Sri Hindriyastuti, Noor Faidah, & Gardha Rias A. (2023). The Effect Of Progressive Muscle Relaxation Therapy On Reducing The Stress Level Of Inmates In Class II B Kudus Detention Center. *International Journal Of Health Science*, 3(2), 110–117. <https://doi.org/10.55606/ijhs.v3i2.2752>
- Suryawantie, T. (2019). Pemenuhan Kebutuhan Dasar Spiritual Pada Pasien Stroke Pasca Akut Di Ruang Cempaka Rsud Dr. Slamet Garut Tahun 2019. *Jurnal Keperawatan Dirgahayu (JKD)*, 1(2), 26–31. <https://doi.org/10.52841/jkd.v1i2.70>
- Taylor, S. E., dkk. (2009). Psikologi Sosial. Edisi kedua belas. Jakarta: Kencana Prenada Media Group.
- Ulfa. M. (2019). Hubungan Stres Terhadap Proses Adaptasi (Teori Callista Roy) Pada Lanjut Usia Dengan Hipertensi Di Wilayah Kerja Puskesmas Perumnas Ii Pontianak. *Tanjungpura Journal of Nursing Practice and Education*, 1(1). <https://doi.org/10.26418/tjnpe.v1i1.35014>