


The Relationship Between Social Support and Self-Acceptance in Post-Stroke Patients at Anutapura General Hospital, Palu

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ARTICLE INFO	ABSTRACT
<p>Article History: Received: 27 January 2025 Accepted: 09 February 2025 Published online: 10 February 2025</p>	<p>Stroke is a disorder of brain anatomical function that occurs suddenly and quickly caused by bleeding in the brain. The aspects that influence stroke include personal, social, work and physical, and stroke causes dependence on other people, family or other social relationships. Post-stroke can make the sufferer feel inferior and useless due to the physical limitations experienced due to the stroke, but this can be minimized by the sufferer's ability to accept himself. The aim of this study was to determine the relationship between social support and self-acceptance in post-stroke patients at Anutapura General Hospital, Palu. With a sample size of 60 respondents, the research design used was cross sectional with data collection methods through filling out questionnaires. Research findings were analyzed using the chi-square test with $\alpha = 0.05$. The results of the study showed that there was a significant relationship between social support and self-acceptance in post-stroke patients at RSU Anutapura Palu (p-value = 0.009).</p>
<p>Keywords: Social Support; Self-Acceptance; Stroke</p> <p>This is an open access article under  the CC-BY-SA license.</p>	

INTRODUCTION

Stroke is a syndrome caused by cerebral circulation disorders (GPDO) with an acute onset, accompanied by clinical manifestations in the form of neurological deficits and not as a result of tumors, trauma or infections of the central nervous system.²

Stroke is a disorder of brain anatomical function that occurs suddenly and quickly caused by bleeding in the brain¹⁰. According to Riskesdas, the prevalence of stroke in Indonesia in 2018 increased from 7% in 2013 to 10.9% in 2018. In 2008 it was estimated that 17.3 million deaths were caused by heart disease. More than 3 million of these deaths occur before the age of 60 and are preventable³

Stroke sufferers need family support to maximize the rehabilitation process. Family plays a very important role in a person's self-esteem, in this case stroke sufferers. This family

support itself can take the form of social support such as providing comfort, attention, assistance and appreciation so that a person has the perception that he is valued. There are four aspects of appreciation support, instrumental support, emotional support and informational support⁶

Forms of social support provided by the social environment can be in the form of opportunities to tell stories, ask for advice, help with advice, or a place to complain. Apart from that, the environment can provide social support in the form of attention, material and spiritual assistance and appreciation from the environment. Social support will be very necessary for post-stroke sufferers because it will reduce psychological tension and stabilize the emotions of post-stroke sufferers⁵

According to Sarafino on 2011 social support is assistance provided by a group to

individuals, so that individuals feel cared for, appreciated and safe.⁷

According to Nelson and Jones in Sobur (2016) self-acceptance is accepting oneself as a person while remaining aware of various strengths and limitations.⁸

Based on the background above, research will be carried out to find out the relationship between social support and self-acceptance in post-stroke patients at Anutapura RSU Palu.

RESULTS

Table 1. Sample Characteristic Based on Gender

Gender	Frequency(n)	Percentage (%)
Men	40	66,7
Women	20	33,3
Total	60	100

Based on Table 1, it shows that the average number of respondents was 40 men (66.7%) and 20 women (33.3%).

Table 2. Sample Characteristic Based on Age

Age	Frequency (n)	Percentage (%)
30-40 Years	3	5,0
41-50 Years	8	13,3
51-60 Years	24	40,0
>60 Years	25	41,7
Total	60	100

Based on Table 2, it shows that the largest number of respondents with age characteristics were found in the age group over 60 years, namely 25 people (41.7%), 51-60 years, namely 24 people (40%), 41-50 years, namely 8 people. (13.3%) and 30-40 years, namely 3 people (5%).

MATERIAL AND METHOD

This type of research is quantitative research with a cross sectional approach. Each data was described using univariate and bivariate analysis using the SPSS program. This research was conducted at RSU Anutapura Palu. The population in this study were all post-stroke patients who came for treatment to the neurology clinic at RSU Anutapura Palu. The sample for this study was post-stroke patients who came for treatment to the neurology clinic at RSU Anutapura Palu, totaling 60 respondents using consecutive sampling techniques.

Table 3. Sample Characteristic Based on Social Support Variable

Social Support	Frequency (n)	Percentage (%)
Good	21	35,0
Sufficient	39	65,0
Total	60	100

Based on Table 3, it shows that from the 60 respondents data was obtained on the social support category for post-stroke patients with 21 people (35%) in the good category and 39 people (65%) in the fair category. Emotional support is often given to stroke sufferers and is also very important because sometimes individuals experience stressors that they have to face, therefore emotional support is very helpful in dealing with the stressors they experience.

Table 4. Sample Characteristic Based on Self-Acceptance

Self-Acceptance	Frequency (n)	Percentage (%)
Moderate	32	53,3
Low	28	46,7
Total	60	100

Table 4 shows the characteristics of respondents based on the level of self-acceptance in the medium category as many as

32 people (53.3%) and in the low category as many as 28 people (46.7%).

Table 5. The Relationship between Social Support and Self-Acceptance in Post-Stroke Patients at Anutapura General Hospital, Palu

Social Support	Self-Acceptance				Total	p	
	Moderate		Low				
	n	%	n	%	n		%
Good	16	26,7	5	8,3	21	35,0	0,009
Sufficient	16	26,7	23	38,3	39	65,0	
Total	32	53,3	28	46,7	60	100	

Based on Table 5, it shows that data from 60 respondents' level of social support is in the good category and 16 people have a moderate level of self-acceptance (26.7%), the level of social support is good and 5 people have a low level of self-acceptance (8.3%) . The level of social support was in the sufficient category and had a moderate level of self-acceptance as many as 16 people (26.7%), the level of social support was sufficient and had a low level of self-acceptance as many as 23 people (38.3%). Based on the results of the chi-square test, it shows a strong relationship and statistically there is a significant relationship p-value = 0.009 between the relationship of social support and self-acceptance in post-stroke patients at Anutapura General Hospital, Palu.

DISCUSSION

The results of questions and answers using questionnaires showed that post-stroke patients with good social support and self-acceptance were in the moderate category due to individual factors, they received support from their family which made them feel comfortable, and their social interaction needs were met, even if only in the home environment. Therefore, even though self-acceptance is moderate, they have the perception that their social support is good. Meanwhile, post-stroke patients with

sufficient social support but moderate self-acceptance can be influenced by social support factors from the family and their own perception of self-acceptance, one of which is their own income as expected.

This result was strengthened when researchers conducted research that there were no respondents who had less social support, where the majority of respondents answered that their families often provided encouragement and attention. So it can be concluded that the client still gets support from people around him, close friends or the client's family regarding the illness he is suffering from.

Sources of social support according to Goldberger & Breznitz are parents, siblings, children, relatives, life partners, friends, colleagues and neighbors. The same thing was also expressed by Wentzel in Apollo & Cahyadi on 2012, that sources of social support sourced from people who have meaningful relationships for the individual such as family, close friends, life partners, co-workers, neighbors and relatives.¹

Regarding the importance of social support, it can be effective in overcoming psychological stress during difficult and stressful times. Social support also helps strengthen immune function, reduce physiological responses to stress or depression and strengthen functions to respond to chronic disease.⁹

Low self-acceptance can cause stroke clients to become stressed and if not treated, they will become depressed. Physical changes that occur such as losing the ability to move due to decreased muscle strength, losing the ability to speak normally due to aphasia, feeling like one is a burden on the family make the client's disability become their main focus and become a negative thought that always appears in the client's mind. When a client is always struggling with negative thoughts, the client will tend to be depressed and a third of stroke clients who experience depression will experience re-attacks and this can lead to death.⁴

Based on the results of the analysis of the self-acceptance variable, there is no self-acceptance in the high category because the results of the respondent's questionnaire show that the majority of respondents do not accept

praise and blame objectively, are not proud of themselves, are not confident in their limitations after a stroke, feel rejected by others and regret what happened to yourself.

CONCLUSION AND RECOMMENDATION

There is a significant relationship between social support and self-acceptance in post-stroke patients at RSU Anutapura Palu (p-value = 0.009).

This research hopes that stroke patients need to carry out routine control which will affect the patient's health condition, in this case family assistance and social support is needed, especially in terms of the appreciation support dimension because the research results show that the appreciation support dimension is in the low category.

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AUTHOR CONTRIBUTIONS

Conceptualization, C. D. A., N. F., W. H.; Methodology, C. D. A.; Validation, N. F. and W. H.; Formal Analysis, C. D. A.; Investigation, C. D. A., Resources, C. D. A.; Data Curation, C. D. A.; Writing-Original Draft Preparation, C. D. A., N. F., and W. H.; Writing-Review and Editing, N. F., W. H.; Visualization, C. D. A. All authors have read and agreed to the published version of the manuscript.

CONFLICTS OF INTEREST

The authors declares that there is no conflict of interest.

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