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Anxiety, Self Concept and Meaning of Life Patients Post Stroke Earning Age (Qualitative Study on Post-Stroke Patients in Lemper Village, Pademawu Sub-district, Pamekasan District)

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ABSTRACT

Patient post stroke should be able to immediately rise, preparing herself to return activity according to limit its ability, this matter so that stroke patient can immediately recover and avoid from condition causing disability. This study aims to analyze the level of anxiety, self-concept, and meaning of life in post-stroke patients in Lemper Village Working Area Puskesmas Pademawu Pamekasan District. Qualitative methods with case study approaches, which explore a problem with detailed constraints, have deep data retrieval, and include multiple sources of information. This study is limited by time and place as well as cases studied in the form of programs, events, activities or individuals. The results of this study identified four main themes: (1) Anxiety Level of Post-Stroke Patients Age of Productive (2) Self-concept of Post-Stroke Patients Productive Age (3) Meaning of Life Post-Stroke Patients Productive Age (4) Effort / Motivation Patients Post Stroke Productive Age in Improving Quality of Life. A false understanding will lead to adaptive malal coping mechanisms and correct understanding likely to lead to adaptive coping mechanisms. The meaning of life is produced by a combination of self-concept and experience. Experience will affect the self concept, the hypothesis that appears is the healing of stroke patients will increase the meaning of life of stroke patients.

Keywords: Anxiety, self concept, meaning of life, productive age

INTRODUCTION

Stroke remains one of the major health problems and is the third leading cause of death in developed countries after cardiovascular disease and cancer. Stroke is a condition when there is ischemia (inadequate blood flow) to the part of the brain or bleeding in the brain that results in brain cell death (Lewis, 2011). A stroke is a sudden onset of brain attack in which a partial or complete brain function disorder results from a disruption of blood flow due to blockage or rupture of certain blood vessels in the brain, resulting in brain cells deprived of oxygenated blood or food substances and ultimately cell death -sel is in a relatively short time (Dourman, 2013).

According to the World Health Organization (WHO) in 2015, estimates there are 20 million people who will die of stroke accompanied by increased deaths from heart disease and cancer. Approximately 795,000 people in the USA suffer a stroke each year, of which 610,000 people suffer

the first stroke and stroke causes 134,000 deaths (Goldstein, 2011). Based on the research (Bautmann, 2012) on the disease control and prevention center about 795,000 Americans suffer the first and repeated strokes each year with an average 6-day hospital stay.

In the United States, stroke is the fourth largest cause of death that kills more than 129,000 people every year (American Heart Association, 2014). According to the National Institute of Neurological Disorders and Stroke (2013), the incidence of stroke in the United States reaches 795,000 per year. Among these, 610,000 people suffered a stroke for the first time and 185,000 people with recurrent stroke (Heart Disease and Stroke Statistics, 2013). The data also found that in the United States, there was a person who died within every 4 minutes of stroke (National Center for Chronic Disease Prevention and Health Promotion, 2014). In Indonesia, the prevalence of stroke is based on the diagnosis of health workers by 7 per mile and diagnosed by health or symptomatic personnel by 12.1 per mile. The prevalence of stroke based on the highest nakes diagnosis in North Sulawesi (10.8%), followed by Yogyakarta (10.3%), Bangka Belitung and DKI Jakarta respectively 9.7 per mile. The prevalence of stroke based on diagnosed nakes and the highest symptoms are in South Sulawesi (17.9%), DI Yogyakarta (16.9%), Central Sulawesi (16.6%), followed by East Java 16 per mile (Riskesdas, 2013).

Kemenkes noted that almost all hospitals in Indonesia the main cause of death is stroke around 15, 4%. The number of stroke patients in Indonesia in 2013 based on the diagnosis of health workers (Nakes) is estimated as many as 1,236,825 people, whereas based on diagnosis Nakes, the symptoms are estimated as many as 2.137.941 people. The result of Riskesdas research of the Ministry of RI in 2015 shows that there has been an increase in stroke prevalence in Indonesia from 8.3 per mile (in 2007) to 12.1 per mile (in 2013). The highest prevalence of stroke is in North Sulawesi (10.8 per mile), Yogyakarta (10.3 per mil), Bangka Belitung (9.7 per mil) and DKI Jakarta (9.7 per mile).

Stroke is very important because of its increasing incidence, not only a health problem for developed countries but also for developing countries like Indonesia (Feigen, 2009). In Indonesia alone the incidence of stroke increased in the year 2013 an increase in the incidence of stroke is 12.1 per 1000 population (Riskesdas, 2013). In Lemper Village according to data Puskesmas Pademawu Pamekasan number of stroke patients ever treated in Puskesmas during the year 2017 as many as 21 people.

Stroke is a cardiovascular disease associated with the nervous system in a person. The healing rate in stroe patients depends on the severity and on the initial response time response. The healing of every post stroke person is not the same. Some circumstances cause stroke patients to experience permanent disability. This will certainly affect the state of the patient. Socioeconomic conditions, self-concept and knowledge will cause a different response to everyone (American Heart Association, 2014).

Post-stroke patients should be able to get up immediately, preparing themselves to re-engage in accordance with the limits of its ability, this is intended so that stroke patients are able to recover quickly and avoid the circumstances that cause disability. The fact that occurred in the field showed patients post-stroke experience problems on his self concept. Anxiety over himself who felt was no longer able to meet all his needs. Both related to his personal and related to his situation in family and society. The changes that occur after a stroke depend on which part of the brain is injured, left or right which usually includes muscle weakness which is commonly known as hemiparese both upper and lower extremity muscles and even facial muscles (Junaidi, 2011).

Most post-stroke patients will experience very varied sequelae, which may include impaired mobilization or motor disturbances, visual impairment, speech impairment, swallowing disorders, emotional changes, and other symptoms that cause home care are vital in the healing period after the client returns from hospital treatment. (Junaidi, 2011). Stroke not only affects the patient, but also affects the caregiver related to physical, emotional, social and financial aspects that cause depression, anxiety, irritability, lifestyle disturbances and relationships, fatigue and feelings of isolation (Robert, 2006). According to Joan (2014), this situation will affect post-stroke sufferers in accordance with the purpose of life, motivation in living the life and value of the patient in a unity called the meaning of life.

The data obtained from the District Health Office Pamekasan shows that the number of strokes of productive age during the year 2015-2016 as many as 211 cases. From the temporary data

obtained by researchers randomly using interview method to 10 people of productive age post stroke known that 7 of them experiencing anxiety, most of them confused thinking about family livelihood, and feel that he is not useful anymore (West Sumatera Health Office, 2012).

Stroke attacks in the community are often considered disasters as they generally cause malfunction such as paralysis and difficulty communicating (Lumbantobing in Tutik, 2003). Patients who have been diagnosed by a doctor suffering from stroke will experience anxiety, fear, sadness and even despair in the face of the illness (Patricia, 2005: 567). Stroke occurs triggered by several risk factors, the more risk factors possessed by the patient, the higher the likelihood of a stroke (Makmur in Adientya, 2012). This can have an impact on biological, psychological, social, economic, and spiritual life. Stress is one of the most influential factors for the occurrence of stroke (Utami in Adientya, 2012). The results of studies from various studies show that stress is one of the main factors causing the occurrence of stroke (Herke in Adientya, 2012). The occurrence of recurrent stroke in stroke patients is generally triggered from the psychological patients who feel surrender to the disease and the condition of the body that experienced disability or long-term post-stroke paralysis, so that patients can not perform activities and play as before (Makmur in Adientya, 2012).

The low motivation and hope of recovering sufferers and the lack of family support are potentially burdensome and lead to stress (Kumolohadi in Handayani, 2012). Approximately 50% of survivors of stroke experience malfunction such as paralysis and difficulty communicating, so they can not work anymore, and become a burden from the family (Lumbantobing in Tutik, 2003). This situation is frustrating and will get worse if the patient does not get support from the family. Families themselves will experience stress because of the patient's condition that requires families to adapt and take adaptive steps.

The prolonged state of stress if not addressed will lead to more severe mental disorders. Stress can also occur after an acute attack of stroke, in the form of self-rejection, low self-esteem, anger, depression, and haunted by the shadows of malfunction and death. Stress in patients and families is generally caused by anxiety and ignorance about the condition of the disease (Tutik et al, 2003). In addition to having physical and psychological problems, stroke patients also have psychospiritual problems. The spiritual problems experienced by stroke patients are just as important as physical problems. This awareness needs to be built on the patient and the family. Spiritual problems that are often encountered, among others, leave the obligation to pray five times with the reasons exhausted with existing complaints, troublesome with infusion conditions or other medical therapy that makes the patient's movement is limited, and patient ignorance about the procedures for prayer when sick. Other spiritual problems such as lack of self-acceptance of illness suffered even to blame God (Hidayanti, 2015). A stroke patient always feels desperate and will experience a change related to the value in him or experience a change in achieving the real meaning of life.

From the above description, the researcher is interested to perform the analysis of anxiety level, self concept, and meaning of life in post stroke patient in Lemper Village Puskesmas Puskesmas Working Area of Pamekasan Regency. This research is aim to analyze the level of anxiety, self-concept, and meaning of life in post-stroke patients in the productive age.

MATERIALS AND METHODS

This study uses qualitative methods with case study approach, which explores a problem with detailed constraints, has a deep data retrieval, and includes various sources of information. This study is limited by time and place as well as cases studied in the form of programs, events, activities or individuals.

The population of stroke patients in Lemper village, Pamekasan sub-district, Pamekasan district were 21 respondents.

The sampling technique used in this research is Purposive Sampling, that is choosing the respondent according to the researcher's desires and the research requirement, the sample is selected using the inclusion criteria and the exclusion criterion determined by the researcher (Nursalam, 2013).

RESULTS

This study yielded six major themes of thematic analysis. Six themes are:

1. Knowledge and Understanding of Respondents about Stroke and Effects. Knowledge and understanding of clients with stroke greatly affects the psychological state of the patient. A false understanding will lead to adaptive malal coping mechanisms and correct understanding likely to lead to adaptive coping mechanisms.
2. The resulting consequences of stroke, related to himself, the environment, and social circumstances and its role in the social environment. Supporting factors in the post-stroke recovery process is a factor that can cause changes in the anxiety level of the patient.
3. Barriers in the client's social interaction post stroke. This is closely related to changes in self-concept of stroke patients.
4. The experience that respondents feel about themselves after the post-stroke event. Experience is part of the learning process. Experience will affect the client's understanding of his or her related circumstances.
5. Expectations of respondents after Stroke. The meaning of life is produced by a combination of self-concept and experience

DISCUSSION

1. Level of Anxiety Postpartum Patients Age Productive

Stroke is one of the acute neurologic dysfunction caused by blood vessel disorders and occurs suddenly, if continued and not treated promptly can lead to paralysis and even death. The level of client knowledge about stroke is a key aspect to be more familiar with his situation so as not to experience a threat either physically or psychologically, which ultimately leads to self-conceptual disturbance. Stroke is a common cause of death number three, after heart disease and cancer. However, most strokes cause people with disabilities in the age group above 45 years. Many sufferers who become disabled, become invalid, unable to earn a living as before, become dependent on others, and often become the burden of his family. This burden can be a burden of energy, a sense of burden, and an economic burden (Lumbantobing, 2007). It can cause anxiety. A person feels threatened either physically or psychologically such as self-esteem, self-ideal, self-image, role and sexuality.

In general, respondents already know about stroke, the understanding that shows that stroke is a mystical disease has been completely abandoned by the community. This is reinforced by the results of respondents numbered 1-6 which generally describes "stroke is a paralytic disease that occurs usually in patients who have entered the age of old who cause disruption in the ability of activities". Knowledge of respondents about the cause of stroke is not fully true. Most respondents still consider that stroke is caused by high blood, when in fact stroke can also be caused by blockage of blood vessels in the brain either caused by blood coagulation, embolism or caused by fat. Stroke is a disease that attacks the central nervous system, but the resulting effect can affect the whole body (Sari et al., 2015). Clients who have a stroke is one case that has a problem of self-concept disorder, but not all clients experience the same self-concept disorder in people with stroke. This can be influenced by the client's knowledge of the disease and it is based on factors such as education, sex, age, and marital status (Tamdijo, 2007). The above factors are very interesting to be studied further the extent to which self conceptual disturbance is connected with the above factors but in this case the researcher will only emphasize on client knowledge factor about the disease.

Knowledge is the result of human sensing, or the result of knowing a person to the object through his or her senses (eyes, nose, ear, etc.) (Notoatmodjo, 2005). Big Indonesian Dictionary (2003) explains that knowledge is everything that is known with respect to things. Knowledge or cognitive is a very important domain for the formation of one's actions (overt behavior). A person's knowledge of an object contains two aspects: positive and negative aspects. These two aspects will determine one's attitude, the more positive aspects and the known objects, the more positive the attitude towards the particular object will be. According to the WHO (World Health Organization) theory cited by Notoatmodjo (2007), one form of health object can be spelled out by knowledge gained from one's own experience.

Environment is a factor affecting one's knowledge. Someone will know better if he is able to interact well with the environment because the environment is very active role in the process pengetahuanya (Budiman, 2013). A good environment will form a good personality as well as vice versa if a person's environment is less good then it affects the personality of someone who is less good effect as well (Notoadmojo, 2010).

All respondents actually already know the definition of stroke, but all respondents do not understand the concept of stroke as a whole. Speaking of stroke is not only a matter of definition and a sign of its symptoms alone, a stroke is a complex situation that affects the personal feelings of the sufferer, the feelings of family members and the environment and the role of the environment in the process of healing and recovery.

Experience is an important factor in shaping a knowledge. Stroke sufferers understand and know for sure the definition of stroke after understanding and experiencing the incidence of stroke itself. The respondent's family (social environment) will certainly interpret the stroke in a different perspective with the sufferer, so that both parties will bring the understanding of stroke from their respective point of view according to his position in his daily role with stroke sufferers.

2. Self Concept Patients Post Stroke Age Productive

Data of stroke patients in America each year occurred more than 795,000 people stroke. As a result, many stroke sufferers who experience paralysis and balance problems. Statistics show that 40% of all stroke patients (795,000 people) have serious falls within a year after post stroke (American Stroke Association's, 2011). Kerse (2008), states that 37% of 1,104 stroke patients reported at least 1 fall during the first 6 months after stroke, from 407 who fell, 37% suffered injuries requiring medical treatment, and 8% suffered broken bones. 407 stroke patients fell, 50% fell only once, but 12% fell more than five times (The hospital, a New Zealand study shows, 2008).

Individuals with stroke not only present in the acute phase but are still a fairly high health problem throughout the life span of post stroke due to the incidence and prevalence of stroke increase due to population aging and prevalence also increased as a result of continuous improvement of post stroke life (Geurts, et al . 2008).

The consequences that can arise due to stroke are anxiety, decreased social activity, embarrassment to the surrounding social environment and feeling of worry about health status, loss of role both in family and society this is evidenced by respondent's answer "due to self is decreasing independence, work properly. The impact on our environment will change in the role that exists when we are healthy. "Another impact that is felt is the result of a decrease in the ability of self-routine work will be disrupted. This form of disorder will lead to job loss and increased need for help from others. "Many of the consequences that can arise in stroke patients, especially in myself. The consequences that I feel most are the loss of time lost in my illness, as well as the increasing need for help from others ". "I lost my job, I was working as a pedicab driver, people said, the stroke is a disease that affects the rich. But the reality even though I'm not rich I still get stroke. Since my stroke nurses at Puskesmas prohibit me for heavy activities. He said can cause high blood recurrence "

This motor dysfunction causes stroke patients to decline in mobility function, limited ability to perform fine motor and rough motor. Mobility functions include the ability to mobility in bed, move, road or ambulation, and mobility with adaptation tools. Ability to perform fine and coarse motor skills refers to a person's ability or skill to perform daily activities, entertainment / hobby activities, work, social interactions, and other behaviors required (Sari et al., 2015). The main obstacle of stroke sufferers is in their mobilization ability, anyone who has stroke with different severity will experience different consequences, someone with hemiplegia result will be different from total paralysis, but most stroke patients will withdraw from their environment and will withdraw from of his own role. In addition to the role of social life, the most important thing that arises from this research will cause stroke sufferers to lose their previous jobs.

This condition is due to their decreased physical ability and exacerbated by their psychic condition. Decrease in self-esteem is one of the effects seen in all respondents who are factors reinforcing the behavior of respondents in withdrawing from the social environment and previous roles.

Willi (in Destiani, 2008) states that high self-acceptance will contribute positively to mental health. This means that when patients post stroke have high self-acceptance then it will be able to have good mental health and can spur the spirit to achieve healing. There is a close relationship between self-acceptance and physical health. Schlutz (Izzaty, 1996) says that self-acceptance has a close relationship with the physiological level. The physiological level in question is the level of individual health seen from the smooth working of organs and basic activities, such as eating, drinking, resting and sexual life, all of which are the major supporting factors of physical health. Individuals who can accept his situation have no obstacles in this regard. Self-acceptance is important because it is the principle to form a good self in order to receive the advantages and disadvantages that exist. Good self-acceptance can start from bad elements and show the best behavior and can improve yourself to face the trials of life. This means there is a positive relationship between social support and self-acceptance, this means the higher social support given to patients post-stroke, the higher the self-acceptance raised by the patient and vice versa, the lower the social support provided the lower the acceptance the self generated by the sufferer.

Hurlock's statement (2006) follows well in line with this research that individuals who accept themselves have a realistic assessment of the resources they have. That is, the individual has a certainty of the standards and firm in the establishment, and has a realistic assessment of its limitations without self-reproach. Thus, people who have good self-acceptance know the capabilities they have and can overcome how to manage them. Although social support plays little role in generating self-acceptance in post-stroke patients, social support should not be ignored, as it relates to social life between the sufferer and those closest to it. This is supported by Thorits (in Sarason) that social support plays a role in helping and awakening individuals in living their lives and meeting psychological needs in the face of traumatic and stressful events.

Katc and Kahn (2000) argue, social support is a positive feeling, likes, beliefs, and attention from others that is meaningful in the individual's life, recognition, trust and direct assistance in a certain form. Social support generally describes the role or influence that other meaningful people can bring about like family members, friends, relatives, and co-workers. Therefore, for post-stroke sufferers to elicit good self-acceptance requires action to deal with the conditions of stress or depression. Not only positive support is given to post-stroke patients, but post-stroke patients need to do coping with the stressor.

3. Meaning of Life Patients Post Stroke Productive Age

Stroke is a condition of rapid loss of neurological function due to perfusion disorders of the blood vessels of the brain. Stroke is generally classified into two types, namely ischemic and hemorrhagic (bleeding). An ischemic stroke occurs due to a blockage in the lumen of the brain's blood vessels and has the highest prevalence, ie 88% of all strokes and the rest is a hemorrhagic stroke (bleeding stroke) that occurs due to rupture of the brain blood vessels (Geurts, et al., 2008). These brain vascularization disorders create various clinical manifestations such as speech impairment, walking difficulties and coordinate body parts, headaches, facial muscle weakness, visual impairment, sensory impairment, impaired thinking and loss of control over motor movements that can generally be manifested by motor dysfunction such as hemiplegia (paralysis on one side of the body) or hemiparesis (weakness that occurs on one side of the body) (Geurts, et al., 2008). Motor dysfunction that occurs causes the patient to experience limitations in moving parts of the body thus increasing the risk of complications.

Complications resulting from immobilization account for 51% of deaths in the first 30 days after the onset of ischemic stroke. Immobility can also cause joint stiffness (contractures), orthopedic complications, muscle atrophy, and nerve pressure palsies. Problems related to the condition of immobilization in stroke patients are expressed as nursing diagnoses. All respondents have the same answer, stroke is a disease that can not be hidden. Obstacles in social interaction are the shame and inability to have the same situation with others. Barriers to activity in stroke patients in addition to causing physical disorders and activities, the disorder also causes a psychological disorder, it is actually a barrier in stroke patients as described respondents "the most important barrier is shame"; "I personally have problems with my daily habits. I became rarely out of the house because of difficulties activities and I have trouble talking because my mouth pelo "; "I have trouble putting

myself into groups I feel ashamed. Talking to me is not like a normal person, I also think to choose myself and stand alone in my solitude '; "I am really embarrassed, especially if there is a family event, which requires me to come together, although maybe my colleagues and relatives have good intentions towards me, but my thoughts remain what they convey to me is a negative thing, which do not want me to "this statement according to (Sari et al., 2015) in this study is the patient's ability to perform self-care activities ie bathing, dressing / dressing, elimination / toileting, mobility in bed, moving, walking, , shopping, cooking, and home maintenance. The next characteristic limitation that appears in stroke patients is limited range of joint movement (26.9%). Limitations in some or all ranges of motion independently of stroke patients are also attributable to the patient's limitation in mobilization. As the respondent says, "the most serious obstacle I feel is activity and independence"; "Obstacles in meeting others obstacles in talking to others, and barriers to starting any interaction with others"; "I can not do anything myself, I can only bring myself into solitude, I am afraid of other people's mockery, I am afraid of other people's questions, and I am afraid of other people's recommendations. But as soon as I was healed I even wanted to always appear in front of others and explain that this is me, the one who was given the chance to get out alive from the storm blast yanng very extraordinary. " Social interaction is a common form of social process, because social interaction is the main requirement of social activities. Social interaction according to Gillin and Gillin (in Soekanto, 2007) are dynamic social relations involving relationships between individuals, between human groups and between individuals and groups of people. Social interaction is also the key to all social life because without social interaction, there would be no life with Young and W. Mack (in Soekanto 2007).

Associative interaction, namely cooperation. Charles H. Cooley (in Soekanto, 2007) explains that cooperation arises when people realize that they have common interests and at the same time have enough knowledge and self-control to fulfill those interests; awareness of the existence of the same interests and the existence of the organization are important facts in useful cooperation. Stroke sufferers with their social environment starting at the beginning of an attack will have the opportunity to form this sociative interaction and take and interpret the interaction results during the healing period.

The result of the research using indepth interview shows that the biggest obstacle of respondent in social environment is in overcoming their own psychological condition. Respondents feel embarrassed when they meet other people, respondents are afraid to face others. Second, the obstacles in carrying out the activity are due to the decrease of his own physical ability. The main lessons learned by respondents are how to appreciate time, respect the social environment, and appreciate any moment of opportunity that is within us. The expectation of the respondent is that he is always beneficial in any time in life.

In line with the opinions of respondents who said, "healthy is very precious, and will be felt when we are sick"; "I can be more grateful, because with this I can become a better person"; "When I am healthy I expect a lot of things that I have not had, but when I am sick I feel that in fact when I was healthy I already have everything"; "The wisdom I can know, if in fact God gave this experience to me so that I really can be grateful as strong as possible whatever my circumstances both before and after the stroke"; "Other wisdom I have beautiful memories with stroke, I can be away from people, I can be closer to God";

Respondents rated themselves as currently the most fortunate. They gain an experience that is not necessarily owned by everyone. Respondents get a lot of lessons when they are sick so they can appreciate their age in the future.

Disability conditions will cause dependence on other family members so it can hamper daily activities. The family as the nearest unit will feel the impact of a stroke, so it needs to adjust to the condition of the patient. In accordance with the philosophy gotong royong, mutual support when there is a difficulty can strengthen the rope fraternity. Likewise with the client's weakness due to this stroke, with the support of relatives around can minimize the condition of the burden he felt. The availability and utilization of existing materials or facilities around the participants can be a supporting factor or support system can increase participants' motivation toward recovery. Family support was very influential on the participants in the study, in which families paid attention, care and medical expenses as expressed by some participants. This is consistent with the research of Tang et al. (2015) that when a family member has a stroke, the whole family sometimes suffers. This situation will be more

difficult if there is only one family member who cares for stroke patients. The incidence of stroke not only afflicts the sufferer but also affects family life. The incidence of stroke not only afflicts the sufferer but also affects family life. One member of the family was suddenly helpless, disappearing into the family and being a burden. Readaptation is important in maintaining family life in the face of new circumstances. Families need to be encouraged, motivated to deal with real circumstances (Lumbantobing, 2003, in Handayani & Goddess, 2009).

With the incidence of stroke, each patient can draw wisdom. How important help from others in life. However, the experience of this study respondents is different from the research (Masniah, 2017) that loss of swallowing ability, cognitive impairment, mental changes, awareness, concentration, learning ability and other intellectual functions, communication disorders, emotional disturbances and loss of sensory taste will in some degree impact psychological aspects. For social aspect of change of daily activity, communication pattern, work activity, social relation.

Important lessons learned by respondents will provide a good experience for respondents. Respondents were able to compare his condition well before illness, when ill and after recovering from illness. This will cause the respondent to be able to appreciate whatever is in it. Respondents are able to be grateful for themselves and respondents get important lessons in maintaining their health, maintaining their circumstances and avoiding negative things in their lives. In addition, respondents also get happiness with their social environment. Respondents say that with illness they know that the meaning of the presence of family members in their lives is a tremendous gift from God, this wisdom is not only felt by the respondents but also can be felt by people around the respondents. How can they appreciate life and how they deal with life in the future. The wisdom of the respondents mostly refers to the spiritual structure of his life. In the opinion of Borneman and Punchalski (2010) says that spirituality is the source of coping for the individual by making individuals have positive beliefs and expectations, being able to accept conditions, source of strength and make life more meaningful. In addition, Borneman and Punchalski (2010) suggest that the spiritual can be studied through four domains of FICA, namely Faith or belief, Importance and influence, Community and Address in Care (address).

Religious is a process of searching for a way of truth connected with something sacred, human behavior fully formed by belief in magical or supernatural and attitudes to perform religious ceremonies related to God (Azizah, 2006).

The stroke experienced by the respondent will bring them into a good state, whether related to the social environment, as well as other circumstances centering on him as a spiritual being, increasing his gratitude and belief in the existence of God and whatever God gives him and his family. So this will form a positive mindset to experience the next pain if the stroke recurs and will affect other members when they have a stroke.

4. Effort / Motivation Patients Post Stroke Productive Age in Improving Quality of Life

Post-stroke neurological disorders will also affect the patient's ability to perform daily activities such as walking, doing personal hygiene, dress and other daily activities. This condition is experienced by some of the participants in this study. This is similar to Lemone & Burke's (2008) report, which says that frequent clinical manifestations in post-stroke patients are weakness in motion, decreased consciousness, visual impairment, communication disorders, headaches and balance disorders. These signs and symptoms usually occur suddenly, focally and on one side and can be residual symptoms. The theme of the psychosocial-spiritual impact of this study, post-stroke participants were embarrassed by changes in his condition making him reluctant to leave the house, not wanting to meet others. Also the limitations in mobilization make the client feel to move requires enormous effort. This makes stroke patients withdraw from social life. This needs to be acted upon by us as nurses to restore the client's social function. Post-stroke patients allow for physical and functional release and loss of sensory function. This will have an impact on the psychological patient and the patient will feel miserable.

In line with qualitative research results by Kariasa, (2009) which also identifies various psychological responses in stroke clients such as shame, anger, sadness. Psychological conditions that are also commonly experienced by individuals with stroke can be emotional, hostile, frustrating, resentment and lack of cooperation and the persistent frustration, anger and depression that arise in

stroke patients. It is formed as a result of unfulfilled accumulated sense of well-being and conditions that are no longer intact (Smeltzer & Bare, 2008). All the respondents explained that they always wished there was a miracle that made them recover from a stroke after awakening from sleep, as it never happened before. This is evidenced from one of the respondents' answers as follows:
"The first initial attack I feel is this is impossible, it is not real, it is wrong. I am a healthy person, I can not possibly experience this disease. What should I do this, how should I? ".
"If I knew that when I wake up like this I will awake for a long time so I do not sleep. Or maybe it's only temporary later when I rest or take medicine I will recover as before. Yes, I rebelled. No this is not the stroke that is in my mind. "

The results of the study showed that respondents' experience was more emphasized on the general aspects of the situation, the respondents expressed experiences that focused on the state of stroke, in contrast to the phrase (Tahlil, 2017) explaining that the post-stroke respondent emphasizes the experience term is experience in finding the best treatment.

The previous explanation already mentions that the important experience obtained by the respondent is an in-depth understanding of the stroke itself, but other than that the respondent admitted that whatever he experienced was a very extraordinary experience that can not be felt by others. Respondents claim that they have a situation that no one else has, and that they can pass well and the results are in line with expectations.

Almost all the respondents said that he is currently a very remarkable person, the respondent also said that he is a human being who passed the tight selection of god's trial. The group's respondents also explained that the present one can not possibly be paid for someone else who has never felt the same. Some respondents said he was still scared, and worried about the risk of recurrent stroke. This is because they have a history and still can not forget the initial incident when they had a stroke. Snyder (2007) expressed hope as the whole of an individual's ability to produce the path to achieve the desired goal, along with the motivation to use the paths.

Snyder, Feldman, and Rand (in Williams and Butler, 2010) explain that the concept of the theory of hope is a process of individual thought about a goal, and has the motivation and means to realize that goal. Burns (2010) states that hope has a goal that is the goal to be achieved and a goal to give meaning in one's life. Pramita (2008) defines hope as something that can be formed and can be used as a step to change. Profitable changes can cause the individual to achieve a better life. Snyder, Feldman, Shorey, and Rand (in Williams et al, 2010) define the concept of hope as a process of thinking about a goal accompanied by motivation to move toward the goal and ways to achieve that goal.

Most respondents explained the potential in themselves is an experience that not everyone can have. With circumstances that have healed, with experience when the sick respondents said that he is a remarkable figure who will return active in the environment. This does not agree with the statement (Musrika, 2014) that post-stroke care is a difficult and long-term treatment requiring patience and calmness of patients and families, this is what makes people reluctant to rehabilitate which is likely to be affected by lack of support from family or motivation of patient to do rehabilitation.

CONCLUSION

The results of the study indicate a wrong understanding will lead to adaptive mal koping mechanism and correct understanding will likely lead to adaptive coping mechanism. Hypothesis that arises is Knowledge and understanding of clients with stroke greatly affects the psychological state of the patient.

The results showed that respondents were able to rise and try to achieve healing. Hypothesis that emerged is Supporting factors in the post-stroke recovery process is a factor that can cause changes in anxiety levels of patients.

The results showed that social interaction barriers cause changes in the role of stroke sufferers this role change will lead to changes in self-concept. The hypothesis that emerged is stroke and the result is related closely to changes in self-concept of stroke patients.

The experience that respondents feel about themselves after the post-stroke event. Experience is part of the learning process. Hypothesis that emerges is experience will increase meaning of life of stroke patient.

Expectations of respondents after Stroke. The meaning of life is produced by a combination of self-concept and experience. Experience will affect the self concept, the hypothesis that appears is the healing of stroke patients will increase the meaning of life of stroke patients

REFERENCES

Adientya, G. (2012). Stres pada kejadian stroke. Jurnal Nursing Studies. 1(1): 183 – 188.

American Heart Association (AHA). Cardiovascular Disease and Diabetes (14 Maret. 2014). Tersedia dari: URL: HYPERLINK http://www.org/HEARTORG/conditions/Diabetes/whyDiabetesMatters/ Cardiovascular-Disease-Diabetes.

Burns, R., B. (1993). Konsep Diri (Teori, Pengukuran, Perkembangan dan. Prilaku). Jakarta: Arcan.

Depkes RI. (2008). Report on Result of National Basic Health Research (RIKESDAS), Jakarta: Badan Litbangkes Depkes RI.

Dourman. (2013). Waspadai Stroke Usia Muda. Jakarta: Cerdas Sehat.

Goldstein, L. B., et al. (2011). Guidelines for the Primary Prevention of Stroke: A.

Junaidi, & Iskandar. (2011). Stroke Waspadai Ancamannya. Yogyakarta: ANDI.

Lewis, Sharon, L. et al. (2011). Medical Surgical Nursing Volume 1. United States.

Neurological Disorders and Stroke. (2012). Stroke. U.S.. National Library of Medicine: Medline. Diakses dari situs plus.

Notoatmodjo, S. (2007). Metode Penelitian Kesehatan. Cetakan Kedua. Jakarta: Rineka Cipta.

Nursalam. (2013). Konsep Penerapan Metode Penelitian Ilmu Keperawatan. Jakarta: Salemba Medika.

Patricia, A. (2005). Buku ajar fundamental keperawatan: Konsep, proses dan Praktik / Patricia A.

Riset Kesehatan Dasar (Riskesdas). (2013). Badan Penelitian dan Pengembangan. Kesehatan Kementerian RI tahun 2013. Diakses: 19 Oktober 2017, dari http://www.depkes.go.id/resources/download/general/Hasil%20Riskesdas%20 · 2013.pdf.

Tutik. (2010). “Analisis Penggunaan Disfemia pada Surat Kabar Meteor”. Skripsi. Surakarta: Universitas Muhammadiyah Surakarta.