



The Relationship Family Support and Anxiety on Quality of Life in Stroke Patients

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might lower a patient's quality of life, strong levels of family support can enhance it.

Abstract: Stroke is a major cause of mortality and disability in the world. In addition to physical post-stroke problems, psychosocial issues including anxiety and family support significantly affect stroke patients' quality of life. The purpose of this study is to ascertain how anxiety and family support affect stroke patients' quality of life. Methods: This research is quantitative. The research design used in this study is cross-sectional. Questionnaires about anxiety, quality of life, and family support were used to gather data. 58 stroke patients who satisfied the inclusion and exclusion criteria were chosen for this study using a total sample technique. This investigation was carried out in the Stroke Room at X Hospital in Blitar between February 24 and March 24, 2025. The Spearman rho correlation test was employed by the researchers. Results: According to 18 respondents (31.1%), the majority of families did not help stroke patients, and they had a low quality of life. There is a correlation between stroke patients' quality of life and family support, as indicated by the P-value of 0.001 and rho of 0.239. Thirteen respondents (22.3%) reported having a low quality of life and experiencing extreme anxiety. A P-value of 0.012 and a rho of 0.124 indicated a correlation between anxiety and quality of life. Conclusion: Anxiety levels and family support can have an impact on stroke patients' quality of life. While high levels of anxiety

Keywords: Family Support, Anxiety, Quality of Life, Stroke

Introduction

Worldwide, stroke is one of the most common causes of disability and death (Feigin et al., 2022). The prevalence of stroke in Indonesia tends to increase every year, resulting in physical, emotional, and social impacts, such as a decreased quality of life (Saraswati, D & Khariri, 2021). Stroke patients, who experience motor, cognitive, and emotional disorders, must face physical limitations and psychological stress such as anxiety, feelings of helplessness, worries about the future, and an inability to return to life (Eticha et al., 2025). Anxiety can worsen patients' conditions and affect their quality of life (Rafsten et al., 2018).

According to the World Stroke Organization, 13.7 million new stroke cases occur year, with about 5.5 million of those instances ending in death (Feigin et al., 2022). An estimated 795,000 Americans suffer a stroke annually, according to the American Heart Association.

Furthermore, 6.4 million Americans have survived a stroke (Zhachrani et al., 2024). After coronary heart disease, stroke is the third most common cause of mortality worldwide and the third most common cause of disability (Setiawan, 2021). According to the 2018 Basic Health Research, the stroke prevalence in Indonesia was 10.9%, or around 2,120,362 individuals. East Java Province has the highest number of stroke patients in Indonesia, with 12.4% or 113,045 people. The number of stroke cases in West Java is 11.4% or 131,846 people, and in Central Java it is 11.8% or 96,794 people (Saraswati, D & Khariri, 2021).

One important element that can help stroke patients in their recovery process is family support (Zuliani, 2021). Family members are the closest people who can provide the emotional support, motivation, and physical assistance needed by patients (Astuti et al., 2024). Good family support can increase a patient's enthusiasm for life, reduce anxiety, and accelerate adaptation to stroke, thereby improving their quality of life (Yao et al., 2021). Not all stroke patients receive adequate family support, and their anxiety levels vary (Risnarita et al., 2022). Families can sometimes struggle to provide appropriate support because some families lack knowledge or understanding of stroke care (Nurapandi et al., 2025). Thus, it is essential to conduct research on the connection between anxiety, family support, and stroke patients' quality of life.

Methods

This research is quantitative. It uses a cross-sectional approach, meaning they conduct measurements or research simultaneously. This is a correlational design (Sugiyono, 2020). Questionnaires on anxiety, family support, and quality of life were used to gather data. The questionnaire consisted of 47 questions, consisting of 20 family support questionnaires, 14 anxiety questionnaires, and 13 quality of life questionnaires. The study sample consisted of 58 stroke patients, with respondents selected using a total sampling technique. The inclusion criteria were patients diagnosed with stroke by a doctor, stroke patients aged ≥ 36 years, patients with compos mentis awareness, patients living with family, and patients willing to be respondents. The exclusion criteria were patients with severe cognitive impairment that prevented them from completing the questionnaire. This study was conducted in the Stroke Room of X Hospital, Blitar, on February 24 – March 24, 2025.

Both univariate and bivariate analyses were performed in the data analysis. Data on patient demographics were described using univariate analysis. Bivariate analysis was used to ascertain the relationship between the independent and dependent variables. To ascertain the connection between anxiety and family support and stroke patients' quality of life, researchers employed the Spearman rho correlation test.

Results and Discussion

Result

Table 1. Demographic Characteristics (f = 58)

Characteristics	Frekuensi (f)	Percent %
Age		
36 – 45 years	9	15.5
46 – 55 years	11	18.9
56 – 65 years	13	22.4
>65 years	25	43.2
Gender		
Male	32	55.2
Female	26	44.8
Level of Education:		
No formal schooling	8	13.8
Primary School	4	6.9
Junior High School	16	27.6
Senior High School	26	44.8
Higher Learning	4	6.9
Duration of Stroke		
<1 year	17	29.3
1-5 years	20	34.5
>5 years	21	36.2
Occupation		
Working	37	63.8
Not Working	21	36.2
Marital Status		
Married	33	56.8
Unmarried / Divorced	25	43.2

The characteristics of the respondents in this study were 58 stroke patients. As shown in Table 1, these characteristics include age, gender, education level, duration of stroke, occupation, and marital status.

Based on information about the age of the patients, most were >65 years old (25 respondents) (43.2%). Gender: More than half of the respondents were male (32 respondents) (55.2%). Education level: Most were high school (26 respondents) (44.8%). The duration of stroke was mostly >5 years (21 respondents) (36.2%). Occupation: Most were working (37 respondents) (63.8%). Marital status: More than half were married (33 respondents) (56.8%).

Table 2. Relationship between family support and anxiety on quality of life in stroke patients (f = 58)

	Quality of Life				P-value	Rho
	Good		Bad			
	(f)	%	(f)	%		
Family Support					0.001	0.239
Good	7	12.1	6	10.3		
Currently	6	10.3	12	20.7		
Poor	9	15.5	18	31.1		
Anxiety					0.012	0.124
Mild	8	13.8	5	8.6		
Moderate	7	12.1	10	17.2		
Severe	5	8.6	13	22.5		
Very Severe	2	3.4	8	13.8		

Based on the research results in Table 2 with 58 respondents, the study's findings on the relationship between family support and stroke patients' quality of life indicate that most stroke patients had inadequate family support and low quality of life (18 respondents, or 31.1%). With a rho of 0.239 and a P-value of 0.001, there is a correlation between stroke patients' quality of life and family support. According to 13 responders (22.5%), the majority of stroke patients have high levels of anxiety and a low quality of life. With a correlation of 0.124 and a P-value of 0.012, anxiety and quality of life are related.

Discussion

The Relationship between Family Support and Quality of Life in Stroke Patients

The study found that most patients had suffered a stroke for more than 5 years (21 respondents (36.2%) and more than 1 year. This is consistent with research (Abdu et al., 2022). Thirty-seven respondents (35.9%) of patients had suffered a stroke for more than 1 year and reported a poor quality of life. The quality of life of stroke patients tends to decline over time without appropriate intervention, ongoing rehabilitation, psychological support, and effective management.

The results of the study showed that most stroke patients lacked family support and had a poor quality of life, with 18 respondents (31.1%). This is consistent with the theory that 41% of stroke patients feel lonely, 31% are depressed and unhappy, and 19% have suicidal thoughts. 36% of families do not provide adequate support (Kumar et al., 2019). Patients will experience psychological disorders such as depression, anxiety, or a feeling of loss of independence (Zhachrani et al., 2024). Families who do not support stroke patients can be caused by economic factors and family problems, which will worsen the patient's

condition and reduce their quality of life (Yao et al., 2021). Family conflict can arise because patients do not receive sufficient support (Rawung & Rantepadang, 2024).

With a P-value of 0.001 and a rho of 0.239, the study's findings demonstrated a connection between stroke patients' quality of life and family support. This aligns with studies conducted by (Rahman et al., 2017), It discovered, with a P-value of 0.000, a substantial correlation between poststroke patients' quality of life and informative and appreciating assistance. Families are crucial in helping stroke patients live better lives, according to other studies. Families can help in various ways, such as emotional, social, and informational support that can improve self-care knowledge, accelerate the recovery process, and improve patient well-being (Fiscarina et al., 2023). Therefore, family members must understand their role in supporting the recovery of stroke patients and gain knowledge to improve their quality of life. According to research (Nisak et al., 2023), With a P-value of 0.000 and a Rho of 0.674, there is a strong positive link between stroke survivors' quality of life and getting family support. Families who provide good support to patients can improve their physical health. By assisting them with daily activities and complying with medication and therapy, patients' physical recovery can progress more smoothly (Putri & Devi, 2022).

Researchers argue that family support influences the quality of life of stroke patients, because the family is their closest place and community, and everything they do can influence their recovery and decline in health.

The Relationship Between Anxiety and Quality of Life in Stroke Patients

The study found that most stroke patients (37 respondents) were employed. Anxiety stemmed from job loss or the inability to return to work after a stroke. Anxiety levels can be influenced by employment status (Hengky & Juliandra, 2023). The study found that most of the patients were aged >65 years (25 respondents) (43.2%). Poor quality of life in stroke patients is often associated with older age. This can be caused by anxiety related to comorbidities, greater decline in physical function, and difficulty adjusting to change (Nooredini et al., 2024).

The study results showed that the majority of stroke patients experienced severe anxiety and a poor quality of life, with as many as 13 respondents (22.3%). This is by the theory that 52.6% of respondents who experienced non-hemorrhagic stroke reported poor quality of life and experienced anxiety (Bariroh et al., 2016). Anxiety arises because stroke patients experience paralysis, speech disorders, visual impairments, and loss of self-care abilities, which can make patients feel helpless and dependent on others, thus decreasing

their quality of life (Paul et al., 2023). Anxiety is increased by the fear of another stroke, uncertainty about how quickly to recover, and the lengthy rehabilitation process (Taroza et al., 2024). Many patients are unable to return to work or carry out their previous social roles, leading to feelings of uselessness, frustration, and a poor quality of life (Sollar et al., 2022).

A P-value of 0.012 and a rho of 0.124 indicate that anxiety and quality of life are related. With a P-value of 0.028, the theory demonstrates the connection between stress and quality of life in stroke patients (Setiawan et al., 2020). Anxiety causes excessive feelings of worry and anxiety, directly reducing feelings of happiness, life satisfaction, and inner peace in stroke patients (Ignacio et al., 2023). Anxiety can also directly impact various aspects of a person's life, ultimately leading to a worsening overall quality of life (Lubis & Sagala, 2022). Patients who suffer from stroke are more susceptible to depression, which will worsen their overall quality of life, including physical, emotional, and social quality (Liu et al., 2023). Physical and emotional symptoms, such as fatigue, difficulty concentrating, and can be exacerbated by lack of sleep, ultimately leading to a decline in quality of life (Paul et al., 2023).

Researchers suggest that high levels of anxiety in stroke patients are associated with lower quality of life scores. Psychological interventions such as cognitive therapy and counseling can improve quality of life by reducing anxiety.

Conclusion

In stroke patients, anxiety, quality of life, and family support are significantly correlated. High levels of family support can improve a patient's quality of life, while high levels of anxiety can decrease it.

Healthcare professionals should pay more attention to the social and psychological aspects of stroke patients by involving families in the care process and providing emotional and social support. Encouraging active family involvement in the rehabilitation process, such as accompanying them to check-ups and creating a supportive environment at home, can have a positive impact on patients.

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