Effect of Counseling to Self Efficacy in Exercise Range Of Motion (ROM) on Stroke Patients in Work Area UPTD Puskesmas Bendo Pare Kediri

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Abstract

Stroke patients who has symptoms of residual paralysis of the extremities often has self efficacy problems in performing ROM exercises, counseling is one of the measures to improve self efficacy in stroke patients. The purpose of this research was to analyzed the effectiveness of the conclusion to self efficacy in doing range of motion (ROM) exercise in stroke patients in Working Area of UPTD Puskesmas Bendo Kecamatan Pare Kediri Regency. The design of this research was one group pretest and posttest design. Independent variable is counseling while the dependent variable is self efficacy in conducting training n ROM with sample of 9 respondents. Sampling technique with purposive sampling. Using the Wilcoxon signed rank test formula with $\alpha = 0.05$. The results of the study before counseling was most of the respondents ($77.7\%$) has a lower self-efficacy, after counseling available most of the respondents ($55.6\%$) had moderate self efficacy. The results of statistical tests showed Sig ($\rho$) = 0.016 <0.05 ($\alpha$) that effective counseling to improve self efficacy in stroke patients in activity ROM. Self efficacy is fundamental to the internal motivator of stroke patients in the healing process, which effectively influence the counseling of both patients and families. Necessary role of nurse and family role in motivating patients to accelerate the healing phase.

Keywords:
Counseling
Self efficacy
Range Of Motion (ROM)
Stroke

I. INTRODUCTION

Stroke is broken into early portion of the brain that occurs due to arterial blood vessels torn, damaged or leakage, which can cause the death of brain tissue that can lead to loss of function of brain tissue. According to the World Health Organization (WHO, 2010) stroke as Clinical signs that develop rapidly due to focal or global brain function disorder, with symptoms that last for 24 hours or more, may causing death, with not cause other than vascular.

World Health Association said that stroke occupies the second place of death in the world after ischemic heart disease, there are about 15 million people suffering from stroke every year, among them found the number of deaths as many as 5 million and 5 million others suffered permanent disability, and the rest of the disability is permanent (WHO, 2013). In Indonesia based on the results of Basic Health Research (RISKESDAS) in 2013, the prevalence of stroke in Indonesia is 12.1 per mil population. An increase in stroke prevalence based on interviews (based on respondents’ answers who have been diagnosed with health care and symptoms) also increased from 8.3 per mile (2007) to 12.1 per mile (2013). In East Java stroke has been the leading cause of death in almost all hospitals in Indonesia, at 14.5%. According to the basic data of hospitals in Indonesia, as revealed by Yayasan Stroke Indonesia (Yastroki) that the incidence of stroke reached 62.52 per 100,000 in the age group 65 years and over. Roughly everyday two Indonesians suffered a stroke. (Yastroki, 2012). In the East Java province with stroke infarction 6,575 patients were hospitalized in C class hospitals, and 548
patients were in class D government hospital (Profi kesehatan Jawa Timur, 2012). From data of Medical Record of RSUD of Kediri Regency, number of stroke patient in 2016 counted 605 patients while in year 2017 from January until October 630 patients increased and also for work area UPTD Puskesmas Bendo Pare Kediri number of stroke patient at preliminary studies in recent months a total of 17 patients.

The most frequent consequences or symptoms of stroke from a stroke are physical changes such as paralysis which can be hemiplegia and hemiparese and other disabilities. The physical changes of disability, appearance change, changes in body structure and limitation of motion encourage psychological disturbance that can lead to self efficacy change in stroke patients. Self efficacy is an individual’s belief in the ability he has to achieve the desired goal (Yantik, 2014).

Based on the results of previous research by Yantik about self efficacy in stroke patients in Poli NS RS dr. Abdoer Rahem stated that 27 out of 30 patients who were respondents had low self efficacy. Increased self-efficacy will generate trust, self-esteem, and the spirit of the patient to heal (Yantik, 2014).

The recovery program in particular focuses on the patient's ability to move. In performing motion exercises in stroke patients, self efficacy is important. One way to improve self-efficacy by providing counseling.

Counseling is an assistance provided by counselors to clients in addressing client issues (Prayitno, 2004). Counseling is needed to improve client motivation in performing ROM exercises in stroke patients. Other factors that can affect the presence of a sense of interest to intervention will be done and the motivation of the patient itself during the intervention. If a sense of attraction and motivation decreases with respect to the intervention given, it can lead to the formation of plasticity in the brain to stop unformed again. It can be said that saturation results in the absence of plasticity in the brain (Martina, 2014).

Increased self-efficacy will be associated increase patient confidence his ability to perform basic movements Range Of Motion (ROM), which is one of the exercises that can help in restoring the state of stroke patients who suffered paralysis. Motion exercises in stroke patients are very important. Range of Motion is the movement of the joint through the full range in all appropriate fields. To maintain or enhance joint motion (Brunner & Sudarth, 2001).

It can be concluded that research on stroke disease is still indispensable as a contribution to reduce the high number of deaths from stroke in Indonesia. So based on the above description of the researcher wanted to know the effectiveness of counseling on self efficacy in doing Range of Motion (ROM) exercise in stroke patients in the working area UPTD Puskesmas Bendo Pare Kediri.

II. METHOD

The design used in the research is one group pretest and posttest design that there is research conducted on one group only. This studied with a population of 21 respondents with stroke. Using the technique of purposive sampling as much as 9 samples of respondents with the general characteristics of research subjects from an affordable target population to be studied. Stroke patients who experience limb weakness in the form of hemiparesis in the Puskesmas Bendo Pare Kediri. Pasien stroke willing to be respondents. Patients post stroke after the first attack. Then measured pretest and post test with Stroke Self Efficacy Questionaire and analized with wilcoxon signed rank test.
III. RESULTS AND DISCUSSION

Table 1.1 Self efficacy pretest

<table>
<thead>
<tr>
<th>SSEQ Score</th>
<th>Pre test</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-20</td>
<td>7</td>
<td>77.7</td>
</tr>
<tr>
<td>21-30</td>
<td>2</td>
<td>22.3</td>
</tr>
<tr>
<td>31-40</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 1.1, it was found that self efficacy in doing range of motion exercise before counseling most of respondents (77.7%) had a score of self-efficacy 10-20 with categories low.

Table 1.2 Self efficacy post test

<table>
<thead>
<tr>
<th>Self efficacy criteria</th>
<th>Post test</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-20</td>
<td>4</td>
<td>44.4</td>
</tr>
<tr>
<td>21-30</td>
<td>5</td>
<td>55.6</td>
</tr>
<tr>
<td>31-40</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on Table 1.2 showed that self-efficacy in performing range of motion exercises after counseling showed half of respondents (55.6%) self-efficacy score 21-30 with category.

Table 1.3 Effect of counseling to self efficacy in stroke patients

<table>
<thead>
<tr>
<th>Self efficacy</th>
<th>Pretest</th>
<th>Post test</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-20</td>
<td>7</td>
<td>77.7</td>
<td>4</td>
</tr>
<tr>
<td>21-30</td>
<td>2</td>
<td>22.3</td>
<td>5</td>
</tr>
<tr>
<td>31-40</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>100</td>
<td>9</td>
</tr>
</tbody>
</table>

Test wilcoxon sign ranks test p = 0.016

Based on the above shows that self-efficacy in performing range of motion exercises before counseling the majority of respondents (77.7%) had self-efficacy at intervals of 21-30 while after dilakukan se counseling large part of the respondents (55.6%) has a self efficacy score of 21-30. T test results with (α= 0.05) was obtained value of ρ = 0.016 < 0.05 its mean H1 accepted that effective counseling on self-efficacy of exercise range of motion (ROM) in stroke patients.

Based on the results of research before counseling shows that most of respondents (77.7%) have self efficacy score 10 - 20 and the results of the study showed that after counseling se large portion of the respondents (55.6%) in the category of self-efficacy was signed rank test Wilcoxon test with ρ value value 0.016 (ρ value <0.05) results show that H1 is accepted, that effective counseling of self efficacy changes in exercising range of motion (ROM) in stroke patients. According to the researchers, individuals with high self efficacy will be able to master several fields at once to complete a task. Strength (power) related to the degree of strength or stability of a person against believed. The lower self-efficacy is shaken by the experience that weaken, but someone who has a strong self-efficacy diligent in improving its business despite weaken common experience.

Researchers assume that the level of self efficacy affects the process of motion exercises as an effort in the healing process experienced by stroke patients can be overcome by exercise motion or range of motion (ROM) is done with counseling. With counseling can improve the confidence of the
patient so that the patient’s self efficacy is improved and motivate the patient to be able to perform the activity of motion exercises in accelerating healing. In accordance with the Bandura theory’s, 2004 that Individuals who have high self efficacy will increase efforts and motivation to overcome challenges by showing a positive effort and existence.

IV. CONCLUSION

Most of the respondents before having counseling has low self efficacy in exercising range of motion (ROM), most of the respondents are given counseling after having self-efficacy is in the exercise range of motion (ROM) and Counseling effective against self efficacy in exercising range of motion (ROM) in patients.

V. REFERENCES


