

Golden Period in Terms of Knowledge Family of Early Detection of Stroke for Stroke Patients in Installation of Emergency

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ABSTRACT

Stroke is a disease that often occurs in society with high mortality and disability. This is due to the lack of public awareness regarding recognizing risk factors and early symptoms of stroke. The increase in stroke mortality is because many patients come late beyond the golden period. This problem occurs due to a lack of family knowledge about the emergency of stroke, signs and symptoms of a stroke, and lack of knowledge of what to do immediately when a stroke occurs, resulting in delays in bringing the patient to health services and delays in stroke treatment. The purpose of this study is to find out how the golden period is related in terms of family knowledge of early detection of stroke for stroke patients. This study is a correlational study with a population of all families of stroke patients in the IGD Brawijaya Malang who meet the criteria for being respondents. There were 55 respondents with accidental sampling techniques. There are two variables in this study, knowledge as the independent variable, and the golden period as the dependent variable. Chi-squared analysis was used to analyze the data. The result of this research is that most of the respondents are highly knowledgeable (47.3%) and most of the respondents with the fastest golden period are 32 respondents (58.2%) at Brawijaya Lawang Hospital. The results showed that there was a relationship between knowledge and the golden period in IGD Rumkitbang Brawijaya Malang. Good knowledge will affect the speed of the family asking for help in stroke management. Families are one of the main people who often find the symptoms of a stroke, so when they know the symptoms of a stroke, the danger is that when stroke management is late, it will make them quick in making decisions to immediately take them to health services.

Keywords: *Knowledge, Golden Period, Family, Stroke*

INTRODUCTION

An increasing number of deaths and disabilities resulting from stroke is due to late handling, assistance, and referral of patients to hospitals for stroke patients, one of the things that cause delays in stroke management caused low knowledge of family for knowing is there stroke condition of the patients (Wiwit S, 2010). Family knowledge in the early detection of stroke events is needed, this is because family knowledge can provide treatment and refer patients to health services earlier, namely during the golden period (less than 3 hours) after the signs and symptoms of stroke appear. Irdawati (2009) in her research said that the knowledge of the family of stroke sufferers has a relationship with the speed get handling of the treatment of stroke sufferers themselves. As for the signs and symptoms that can be seen for early detection of stroke, namely by looking at signs such as an asymmetric smile, suddenly weakened or immovable limb movements, sounds that are sluggish or disappear, numbness/numbness, farsightedness / visual disturbances, dizziness/vertigo/dizziness spinning (Friedman, 2010).

To be able to reduce the impact caused by stroke, family knowledge is needed in the early detection of stroke. Thus, actions that can be taken to increase family knowledge are by providing health education to families. With an education in families to increase knowledge about stroke, recognize signs and symptoms of stroke

early, care for stroke patients, and orient them towards care for stroke sufferers, the family will understand in early detection of stroke and provide adequate care needed by stroke sufferers (Teguh, 2008).

The increasing death rate resulting from stroke is due to the late treatment, assistance, and referral of patients to the hospital for stroke patients, one of the things that cause delays in stroke management due to the lack of family knowledge in recognizing the signs and symptoms of early onset of stroke (Wiwit S, 2010).

METHODOLOGY

Study Design

This study is a correlational study with a population of all families of stroke patients in the installation of emergency and who meet the criteria for being respondents with accidental sampling techniques. There are two variables in this study, knowledge as the independent variable, and the golden period as the dependent variable. The data were analyzed using Chi-square analysis. This study uses a cross-sectional using questionnaire and observation to measure knowledge and the golden period at one time.

Population, Samples, and Sampling

The population of all families of stroke patients in the installation of emergency and who meet the criteria for being respondents with accidental sampling techniques.

Instruments

The measuring instrument used instruments in the form of questionnaires and observation sheets. An observation sheet is a measuring tool used in the data collection process using observation techniques.

RESULTS

Univariate Analysis

Table 1. frequency of Knowledge

No	Knowledge	n	%
1	light	10	18,2
2	modrate	19	34,5
3	high	26	47,3
	Total	55	100

Based on table 1. The results showed that most respondents had sufficient knowledge as many as 26 respondents (47.3%).

Table 2. frequency of golden period

No	Golden Period	Frekuensi	Persentase
1	Slow	23	41,8
2	Fast	32	58,2
	Total	55	100

Based on table 2. The results showed that most of the respondents had a fast golden period as many as 32 respondents (58.2%).

Table 3. Bivariate

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	29.330 ^a	2	.000
Likelihood Ratio	34.381	2	.000
Linear-by-Linear Association	24.131	1	.000
N of Valid Cases	55		
a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.18.			

Based on table 3, The results showed that $p = 0.000$ with p value < 0.05 , so that H_1 was accepted and H_0 was rejected, which means that there was a knowledge relationship with the golden period of stroke patients at Rumkitbang Lawang.

DISCUSSION

Results of this research showed that there is a relationship between knowledge family's early detection of stroke with the golden period for getting treatment in the hospital. The results showed that most respondents had a good knowledge of having a good golden period as many as 25 respondents (45.5%).

Based on the results of the study, it was found that there was a relationship between the two variables due to the respondent's good knowing that the family would immediately bring family members who felt sick to get help immediately because the family knew that it would be fatal if it was too late to bring to the hospital. Low family knowledge about the early detection of stroke can have an impact on the duration of deciding to take the patient to the hospital as soon as possible so that the family thinks for a long time in making decisions and handling the patient. Good knowledge about stroke does not only contribute to decision-making for stroke sufferers. Making health decisions from the family is very necessary so that patients receive immediate follow-up care from health personnel properly. Stroke patients can get treatment immediately and can prevent the patient's condition from getting worse. And making the right and fast decisions can prevent patients from suffering from an early stroke so that the golden period is less than 3 hours. Research by Kim (2011) and Teuschl & Brainin (2010) explains that knowledge of stroke by family/relatives/bystanders is more important than by patients themselves because family/relatives who have good knowledge about stroke if they encounter symptoms of stroke will immediately recognize the existing symptoms and make the decision to call EMS or go to the emergency department immediately rather than having that knowledge possessed by the patient. It is different if the family does not have good knowledge, it will be too late to recognize and make the decision to immediately take the patient to the hospital.

With a lack of family knowledge or good knowledge about stroke emergencies, it will still affect family decision-making to immediately or not immediately bring stroke sufferers to the hospital. The old family decided to immediately bring stroke sufferers to the hospital, this was because many families considered first, such as financial factors, remote health services, no transportation, and lack of knowledge of the patient's family about the patient's illness, so there were some with slow golden period i.e. more than 3 hours.

CONCLUSION

The result of this research most of the respondents had good knowledge as many as 26 respondents (47.3%) and most of the respondents with the golden period were fast as many as 32 respondents (58.2%) and There is a knowledge relationship with the golden period of stroke patients. good knowledge in the family will influence decision making so that they will be immediately taken to the hospital and will affect the golden period in the management of stroke patients and can reduce the mortality of patients with stroke.

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