ANALYSIS DESCRIPTION : POST STROKE PATIENT'S SELF-CONCEPT IN THE ERA OF THE COVID-19 PANDEMIC

Debby Sinthania[1], Aulia Asman[2]
[1,2] Padang State University (DIII Nursing Department, Faculty of Psychology and Health)
Email: debby.sinthania@gmail.com

Abstrak: Stroke mempunyai manifestasi klinis mayor, dan penyebab utama kecacatan dan kematian di negara-negara berkembang. Dari mereka yang dapat mengatasi serangan stroke (*stroke survivors*) sekitar 50% masih hidup setelah 7 tahun. Ditaksir bahwa dari 100 *stroke survivors,* 10 akan kembali berkerja tanpa hambatan, 40 akan menderita hambatan ringan, 40 akan terhambat berat dan 10 orang membutuhkan perawatan di institusi. Penderita pasca stroke sering menyandang gejala sisa berupa cacat fisik dan cacat mental. Tujuan penelitian ini adalah untuk mengetahui tentang gambaran konsep diri pasien pasca yang berkunjung ke Poliklinik X yang meliputi citra tubuh, ideal diri, harga diri, penampilan peran dan identitas diri. Jenis penelitian adalah deskriptif. Populasi pada penelitian ini adalah pasien pasca stroke yang berkunjung ke Poliklinik X. Teknik sampling pada penelitian adalah *accidental sampling,* dengan besar sampel 86 orang. Pengumpulan data dengan wawancara. Pengolahan data dilakukan dengan tahapan *editing, coding, entry,* dan *cleaning*. Analisa data secara univariat dengan distribusi frekuensi. Hasil penelitian didapatkan 47.68% pasien pasca stroke memiliki konsep diri negatif, 41.86% dengan citra tubuh negatif, 44.19% dengan ideal diri negatif, 47.6% dengan harga diri negatif, 40.7% penampilan peran negatif, 41.86% dengan identitas diri negatif. Berdasarkan penelitian ini diharapkan bagi perawat agar dapat sebagai edukator dan motivator untuk pasien dan keluarga pasien pasca stroke yang berkunjung ke Poliklinik X sehingga dapat memberikan semangat, sehingga memotivasi pasien untuk menjalani hidupnya. Bagi peneliti selanjutnya untuk dapat menelitian tentang faktor yang mempengaruhi konsep diri pada pasien pasca stroke.
Kata kunci: analysis description, post stroke, covid-19 pandemic

Abstract: *Stroke has major clinical manifestations, and is the leading cause of disability and death in developing countries. Of those who can cope with a stroke (stroke survivors) about 50% are still alive after 7 years. It is estimated that out of 100 stroke survivors, 10 will return to work without a hitch, 40 will suffer from mild impairment, 40 will be severely stunted and 10 will require institutional care. Post-stroke patients often have residual symptoms in the form of physical and mental disabilities. The purpose of this study was to determine the description of the patient's self-concept after visiting the X Polyclinic which includes body image, self-ideal, self-esteem, role appearance and self-identity. This type of research is descriptive. The population in this study were post-stroke patients who visited the X Polyclinic. The sampling technique in this study was accidental sampling, with a sample size of 86 people. Data collection by interview. Data processing is carried out with the stages of editing, coding, entry, and cleaning. Univariate data analysis with frequency distribution. The results showed that 47.68% of post-stroke patients had negative self-concept, 41.86% with negative body image, 44.19% with negative ideal self, 47.6% with negative self-esteem, 40.7% negative role performance, 41.86% with negative self-identity. Based on this research, it is hoped that nurses can act as educators and motivators for patients and families of post-stroke patients who visit the X Polyclinic so that they can provide encouragement, thus motivating patients to live their lives. For further researchers to be able to examine the factors that influence self-concept in post-stroke patients.*
Keyword: : analysis description, post stroke, covid-19 pandemic

PRELIMINARY

Stroke is a multifactorial disease with various causes with major clinical manifestations, and the leading cause of disability and death in developing countries. Stroke is a permanent neurological disorder due to disruption of blood circulation to the brain, which occurs for about 24 hours or more. This clinical syndrome occurs suddenly and is progressive, causing acute brain damage with focal and/or global clinical signs.[1]

Every year in some countries there are 15 million people worldwide suffer a stroke. Among them found the number of deaths as many as 5 million people and

another 5 million people experiencing permanent disability. Stroke has become a health problem that is the main cause of disability in adults and is one of the most common causes in the world. Stroke is the third leading cause of death after coronary heart disease and cancer in developing countries. Developing countries also account for 85.5% of the total deaths from stroke worldwide. Two thirds of stroke patients occur in developing countries. There are about 13 million new stroke victims every year, of which about 4.4 million die within 12 month.[2]

In Indonesia, out of around 1000 people, 10 or 11 of them have had a stroke. Meanwhile, 1 in 11 people who died was caused by a stroke. "According to researchers from the University of Washington, United States, Christopher JL Murray, in the last two decades the burden of death or disability from stroke rose 76 percent. Meanwhile, the burden of road accidents increased by 36 percent.[3]

In 2018, the incidence of stroke in Indonesia increased sharply. In fact, currently Indonesia is a country with the largest number of stroke sufferers in Asia, due to various reasons other than degenerative diseases, mostly because stress is very worrying considering that Post-Stroke People (IPS) usually feel inferior and their emotions are not controlled and always want attention. According to Dr. Herman Syamsuddin, SpS, AMARS Chairman of the DKI Jakarta Indonesia Stroke Foundation (Yastroki), "Usually the IPS feel that their disabled body condition causes them to be helpless and feel the need to be helped by other family members. If they are not given encouragement, they will forever depend on other family members and are not independent."[4]

The most common disability experienced by stroke patients is in the form of paralysis. Stroke is generally characterized by defects on one side of the body (hemiplegia), if the impact is not too severe it only causes the limb to become weak or in medical language called hemiparesis. Paralysis can occur in various parts of the body, starting from the face, hands, feet, tongue, and throat.[1] According to Lumbantobing "Many sufferers become disabled, become invalid, are no longer able to earn a living as before, become dependent on others, and are unable to make a living. rarely becomes a burden to his family.[5]

Facing the decline in mobility, physical strength, work difficulties, hobbies, cognitive abilities will trigger the emergence of depression. Many sufferers judge their self-esteem from the point of view of their ability to do activities.[5] The powerlessness due to a deep stroke causes some patients to experience depression. The form of depression experienced by each patient varies. Most patients turn into a gloomy individual and always look sad throughout the day, disinterested in their usual activities, loss of appetite, inability to concentrate, difficulty remembering, and inability to make decisions. There are also patients who often cry for no apparent reason, feel inferior because they feel dependent on others, and some even try to commit suicide out of desperation with their helpless body condition.[1]

In stroke patients, depression is the most common disorder. Approximately 15%-20% of stroke patients in the community suffer from depression. Meanwhile, about 30%-40% of those who are hospitalized suffer from depression. The incidence of post-stroke depression ranges from 11%-68% with the highest prevalence being 3 months after stroke (31%). However, depression often goes undetected and does not receive proper treatment in practice, 50% -80% of cases of depression often go undiagnosed by non-psychiatrists. This may be due to the symptoms being disguised by physical constraints and limitations in activities of daily living (ADL) that often accompany a stroke.[6]

Therefore, a preventive action against depression is needed so that the consequences of depression can be minimized. Efforts that can be made include self-therapy to reduce symptoms of depression, including efforts to improve body image, self-ideal, self-esteem, roles and self-identity.[6]

Self-concept is defined as all the thoughts, beliefs and beliefs that make a person know about himself and influence his relationships with others. Stuart and Sundeen[7] According to Suliswati "Self-concept consists of body image, self-ideal, self-esteem, self-role and self-identity".[8]

Along with the increase in cases of stroke, the resulting complications also increase such as paralysis of the limbs, a thick and stiff tongue resulting in communication disorders, decreased mobility and no less important is psychological disorders, feelings of being unappreciated, loss of self-image and feelings of being unappreciated, loss of self-image and prolonged stress and from then on the person experiences excessive stress, fear, anxiety, fear of repeated attacks.[9]

The prevalence of stroke (permil) in the population aged >15 years In West Sumatra, there was a significant increase from 7.6 per mil to 10.9 per mil. This means that out of 1000 people, 11 of them have had a stroke. Where men (11%) more stroke than women (10.9%). As for the age classification affected by stroke, those aged 75+ (50.2%), age 65-74 years (45.3%), age 55-64 (32.4%).[21]

Based on data from the medical records of the outpatient unit of the X Polyclinic, the number of visits by stroke patients to the neurosurgery polyclinic is still large. In 2017 the number of visiting patients was 285 people, in 2018 as many as 340 people, and in 2019 as many as 425 people. half (44.1%) of respondents have a positive self-concept.

Based on the results of a preliminary study conducted by researchers on September 30, 2021, three post-stroke patients were interviewed on outpatient treatment. One patient went to the Neurology Polyclinic accompanied by his wife, the client uses a wheelchair, the client is paralyzed on the right and the client can speak clearly and wants to communicate, the client said he was already paralyzed because of the first stroke in 2012 and there were no follow-up strokes. At the beginning of the stroke, the client did not think he would have a stroke and at that time the client could not accept his situation, because almost all activities he could not do except eat with a spoon using his left hand. He has done all the treatment efforts for his recovery and with the support of his family, especially his wife, little by little the client is able to accept his condition and is excited to live life.

The second client, the client was treated for physiotherapy, the client had a stroke for the first time 2 years ago the stroke the client found was mild, the client was still able to walk, spoke clearly and the client's walking movements were slow. Two months ago the client had a follow-up stroke, with a tight lip, the client was routinely physiotherapy so that the client's condition gradually improved. The client is accompanied by his wife for treatment, the client's current condition can walk alone without help even with slow movements, the client says the client wants to practice his walking skills, the client says he is not ashamed of his current situation, the client says he wants to recover and wants to go to the hospital for regular treatment

The third client came to the X Polyclinic for a health check accompanied by his wife because the client had a stroke due to cholesterol and high blood pressure. The client had a stroke in 2010 with a convoluted lip, numbness and weakness on the right side, so the client had to be hospitalized for 2 weeks. At the time of the stroke, the client

was not depressed and with his current situation the client did not feel inferior and ashamed

Of the three patients who were interviewed by the researchers, they experienced problems in their role because they were assisted by their families because their illness forced them to depend on the people around them. Meanwhile, from the self-identity, two of the four patients interviewed by researchers used assistive devices in their activities. Based on the descriptions and phenomena above, researchers have conducted research on Descriptive Analysis: Self-Concept of Post-Stroke Patients in the Era of the Covid-19 Pandemic

METHOD

This type of research the author uses a descriptive type of research that is to describe or describe a phenomenon that occurs in the community and is related to the health of a group of residents or people who live in a particular community.16 namely a description of the Self-Concept of Post-Stroke Patients at the Neurology Polyclinic of RSUP. Dr. M. Djamil Padang in 2021. This research was conducted in the Neurology Polyclinic of RS X. The study started from September to October 2021. The number of samples to be taken at the time of the study was 86 people. The sample criteria can be divided into two, namely: research are: Willing to be interviewed and Being in the place when the research was conducted. Exclusion Criteria are: Not cooperative. The population in this study were post-stroke patients who visited the X Polyclinic. The sampling technique in this study was accidental sampling, with a sample size of 86 people. Data collection by interview. Data processing is carried out with the stages of editing, coding, entry, and cleaning

RESEARCH RESULT
1. Components of Self-Concept

a. Body Image

Table 1.1 Frequency Distribution of Respondents according to Body Image
in Polyclinic X

No	Body Image	f	%
1	Negative	36	41,86
2	Positive	50	58,14
Total		**86**	**100**

Based on Table 1.1, it can be seen that less than half (41.86%) of post-stroke patients have a negative body image

b.Self Ideal

Tabel 1.2
Frequency Distribution of Respondents by Self Ideal in Polyclinic X

No	Ideal Diri	f	%
1	Negative	38	44,19
2	Positive	48	55,81
	Total	86	100

Based on Table 1.2, it can be seen that less than half (44.19%) of post-stroke patients have a negative self-ideal.

c. Self Estee

Table 1.3
Frequency Distribution of Respondents according to Self-Esteem in Polyclinic X

No	Self-Esteem	f	%
1	Negative	40	46,51
2	Positive	46	53,49
	Total	86	100

Based on Table 4.3, it can be seen that less than half (46.51%) of post-stroke patients have negative self-esteem

d. Role Appearance

Table 1.4
Frequency Distribution of Respondents by Role Performance at the Polyclinic X

No	Role Appearance	f	%
1	Negative	36	41,86
2	Positive	50	53,14
	Total	82	100

Based on Table 1.4, it can be seen that less than half (41.86%) of post-stroke patients have a negative role appearance.

e. Personal identity

Table 1.5 Frequency Distribution of Respondents by Identity in Polyclinic X

No	Personal identity	f	%
1	Negative	35	40.7
2	Positive	51	59.3
	Total	82	100

Based on Table 4.5 it can be seen that less than half (40.7%) of post-stroke patients have a negative self-identity.

F. Self Concept
Table 1.6 Frequency Distribution of Respondents According to Self-Concept Description in Polyclinic X

No	Self Concept	f	%
1	Negative	41	47,68
2	Positive	45	52,32
	Total	**86**	**100**

Based on Table 1.6, it can be seen that less than half (47.68%) of post-stroke patients have a negative self-concept.

COMPONENTS OF SELF-CONCEPT
    a. Body Image
The results showed that post-stroke patients had a positive body image of 58.14%, but there were still 41.86% of post-stroke patients who had a negative body image at Polyclinic X. From these data it can be concluded that less than half of post-stroke patients have a negative body image. negative body. The results of this study are the same as those conducted by Yerika (2009) regarding the client's body image, the frequency of body image obtained is more than half (66.1%) of respondents have a positive body image.

According to Kelliat,[18] explains that body image is closely related to personality. The way individuals perceive themselves has an important impact on the psychological aspect. A realistic view of oneself, accepting oneself and liking body parts will provide a sense of security so as to avoid anxiety and can increase self-esteem. Individual perceptions and experiences can change body image dynamically.

The results of the study on body image were found to be 41.86% negative, from the results of post-stroke patients' answers to the questionnaire given 18.1% of post-stroke patients were never sure they could appear as perfect as others, 25.6% of post-stroke patients were rarely sure that they had significant advantages. are not owned by others, and 26.2% of post-stroke patients often feel that they lack a lot in addition to the disease they are experiencing

Based on the results of the study, the post-stroke patient knew his physical condition after the stroke. But because they don't get emotional support from their families, they feel insecure, inferior, and low self-esteem. If the right intervention is not given to the patient, there will be psychological disturbances in the patient. Nurses must provide counseling to patients and families of post-stroke patients so that they can accept the shortcomings that exist in themselves and do not make them different from other healthy people.

This is reinforced by Kelliat's opinion which states that a negative body image indicates an inability to accept and like body parts. This can lead to insecurity, resulting

in anxiety and low self-esteem. If this negative body image is allowed to continue, it will disrupt interpersonal relationships and result in identity confusion and even depersonalization .[18]

b.Self Ideal

The results showed that post-stroke patients have a positive self-ideal as much as 55.81%, but there are still as many as 44.19% post-stroke patients have a negative self-ideal at Polyclinic X. From these data it can be concluded that less than half of post-stroke patients have an ideal negative self. The results of this study are different from those conducted by Yerika (2009) regarding the self-ideal of stroke clients at the X Polyclinic. The frequency of the ideal self obtained is that more than half (54.2%) of respondents have a negative self-ideal.

The ideal dimension of self is a benchmark for individuals to respond to and assess their physical condition, therefore each individual tries to achieve the ideal body benchmark because he will get a positive response from other individuals if he succeeds in achieving it. No less important is to increase the level of individual acceptance of their physique so that they can appreciate and feel their physique well.[19]

The results of the study on the ideal self were 44.19% negative, from the results of post-stroke patients' answers to the questionnaire given, it was found that 42.9% of post-stroke patients rarely able to do well in every activity that was their duty, 13.6% of post-stroke patients often hesitated. in making decisions that he should take, and 15.1% of post-stroke patients never work again after having a stroke.

Based on the results of the study, it can be seen that post-stroke patients tend to have negative self-ideals due to the residual symptoms obtained so that they use assistive devices in activities such as using a wheelchair and using a cane. Post-stroke patients feel that they have failed in their lives. If this is left unchecked, it can have a negative impact on his future survival, the doubt and sense of inadequacy he feels can trigger the emergence of a low self-ideal. For this reason, family support is needed both physically and emotionally to be able to be independent in daily activities.

This is reinforced by the opinion of Saam which says that each individual will have a positive or negative self-concept with different intensities. If someone has a positive self-concept, then he has more confidence that he is able to perform certain tasks so as to encourage him to achieve success, while someone who has a negative self-concept tends to have low expectations for the success of his business.[19]

c.Self-Esteem

The results showed that post-stroke patients have positive self-esteem as much as 53.49%, but there are still as many as 46.51% post-stroke patients have negative self-esteem in Polyclinic X. From these data it can be concluded that less than half of post-stroke patients have negative self-esteem. negative self. The results of this study are different from those conducted by Yerika (2009) regarding the self-esteem of stroke clients, the frequency of self-esteem obtained is more than half (54.2%) of respondents having negative self-esteem

Self-esteem is a more in-depth description of body image, which is a self-assessment. According to Maslow (1970), the notion of self-esteem is respect for oneself and respect for others. Self-respect comes from self-confidence, self-reliance, and freedom, while respect from others arises from achievement and appreciation.

The results of the research on self-esteem obtained were negative 46.51%, from

the results of post-stroke patients' answers to the questionnaire given, 23.4% of post-stroke patients often felt that they had always failed in everything, coupled with their current condition, 19.7% of patients Post-stroke patients often feel unreliable since their illness, and 23.6% of post-stroke patients rarely feel appreciated since having a stroke, and 26% of post-stroke patients often feel that everything in their life feels difficult after having a stroke

Based on the results of the study, it can be seen that post-stroke patients with conditions that force themselves to have dependence on others. If this is not followed up and studied more deeply, it will have a bad impact that will cause disruption of self-esteem in post-stroke patients. Patients will feel inferior, feel worthless, have no hope for recovery, which will lead to negative self-esteem. Thus it takes the cooperation of nurses with families to exchange ideas and provide education and motivation in order to increase the patient's self-esteem

This is reinforced by the opinion of Robinson and Shaver (1980) who say that self-esteem will affect a person's behavior, as it is said that life satisfaction and happiness have a correlation with self-esteem. Satisfaction is achieved by people who can adjust well and avoid anxiety, doubt and psychomatic symptoms.[19]

d.Role Appearance

The results showed that post-stroke patients had a positive role appearance as much as 53.14%, but there were still as many as 41.86% post-stroke patients had a negative role appearance in Polyclinic X. From these data it can be concluded that less than half of post-stroke patients have a negative role appearance. This is different from what was done by Yerika (2009) regarding the role appearance of stroke clients, the frequency of role performances obtained was more than half (61%) of respondents had negative role performances.

Factors that influence individual adjustment to roles, consistent responses of significant people to their roles, compatibility and balance between roles carried out, alignment of cultural norms and individual expectations of behavior, and separation of situations that will create inappropriate role performances[19]

The results of the research on role performance were 4.86% negative, from the results of post-stroke patients' answers to the questionnaire given, it was found that 28.5% of post-stroke patients often feel reluctant to do social activities in the community after stroke, 33.6% of post-stroke patients are always inactive in their activities. activities in the community, and 18.7% of post-stroke patients rarely feel that their family encourages them to socialize with other people and do activities outside the home.

Based on the results of the study, it can be seen that post-stroke patients are no longer active in activities in the community, it is only natural that post-stroke patients feel reluctant to do social activities and are not active in community activities. For this reason, emotional support from the family is needed to divert thoughts in a positive direction and convince the patient that he still has a role in the family and environment.

This is reinforced by the opinion of Kelliat who says that a negative role performance can be caused by the demands of a position that is impossible to carry out. There is no support from the family to get along with other people or friends and do activities outside the home and there is a feeling of being excluded from activities in the school or community environment.

e.Personal Identity

The results showed that post-stroke patients had a positive self-identity as much as 59.3%, but there were still as many as 40.7% post-stroke patients had a negative self-identity at Polyclinic X. From these data it can be concluded that less than half of post-stroke patients have The results of this study are the same as those of Yerika (2009) regarding the self-identity of stroke clients, the frequency of self-identity obtained is more than half (57.6%) of respondents having a positive self-identity.

Self-identity is the harmony about oneself that can be obtained by individuals from observation and evaluation of themselves, organizing principles of personality that are responsible for unity, balance, consistency and individual uniqueness. It has the connotation of autonomy and includes the perception of one's sexuality. Identity formation begins in infancy and continues throughout life but is the primary task of adolescence[7]

The results of research on self-identity obtained 40.7% negative, from the results of post-stroke patients' answers to the questionnaire given, 13.9% of post-stroke patients rarely feel proud of what they have, 21% of post-stroke patients always imagine how happy it would be if he can be perfect like other people without the disease he is experiencing, and 25.4% of post-stroke patients rarely want to appear attractive in front of others.

Based on the results of the study, the post-stroke patient appeared to have changed physically so that he felt he had lost his identity, especially patients who had obvious sequelae after a stroke. In this case, the nurse should provide a good explanation and understanding to the post-stroke patient's family. Because if the family has received clear information, then he will be able to motivate post-stroke patients to increase their confidence. This is reinforced by the opinion of Rapport (1979) which says that the factors that influence self-concept are physical changes, relationships with family, opposite or same-sex relationships, cognitive development, and personal identity.[20]

f.Self Concept

The results showed that post-stroke patients had a positive self-concept as much as 52.32%, but there were still as many as 47.68% post-stroke patients had a negative self-concept at Polyclinic X. From these data it can be concluded that less than half of post-stroke patients have a negative self-concept. This study is different from that conducted by Yerika (2009) regarding the self-concept of stroke clients, the frequency of self-concepts obtained is more than half (55.9%) of respondents have negative self-concepts.

Self-concept is the individual's way of seeing his personality as a whole, involving physical, emotional, intellectual, social, and spiritual aspects. Self-concept is all the ideas, thoughts, feelings, beliefs and convictions that an individual knows in dealing with other people. A more detailed definition was put forward by Hurlock (1950) which defines self-concept as a picture of a person knowing himself which is a combination of beliefs about his physical, psychological, social, emotional, aspirations and achievements.[19]

The results of research on self-concept obtained 47.68% negative, from the results of post-stroke patients' answers to the questionnaire given, 35.2% of post-stroke patients had a negative body image, 40.3% of post-stroke patients had a negative self-ideal, 43.6% of post-stroke patients had negative self-esteem, 42.7% of post-stroke patients have a negative role appearance, and 41.5% of post-stroke patients have a

negative self-identity. A person is said to have a negative self-concept, if he believes and views himself as weak, helpless, unable to do anything, incompetent, unattractive, disliked and loses interest in life.[7]

Based on the results of research on post-stroke patients they feel themselves rejected by the outside world, feel not included in activities in the environment, feel unappreciated, feel ashamed of their illness, and feel unable to carry out activities independently and must be with the help of others. For this reason, the role of nurses as counseling is needed to provide education and motivation to the families of post-stroke patients in order to provide encouragement so that patients are motivated to live their lives.

This is also reinforced by the opinion of Jacinta F Rini who said that the development of the respondent's self-concept towards a more positive direction cannot be separated from the role of the family. Families can provide feelings of ability or inadequacy, feelings of acceptance or rejection, opportunities for identification, and appropriate expectations about behavioral goals and values.[21]

Besides, post-stroke patients also have a positive view of themselves both physically, emotionally, intellectually, socially, and spiritually. According to Jacinta F Rini, individuals with positive self-concepts can function more effectively as seen from interpersonal, intellectual and environmental mastery abilities..[21]

CONCLUSION

Based on the results of research on Descriptive Analysis: Self-Concept of Post-Stroke Patients in the Covid-19 Pandemic Era that has been carried out, researchers can draw the following conclusions: Less than half of 47.68% of post-stroke patients have negative self-concepts in Polyclinic X.

REFERENCES

Lingga Lanny. 2013. All About Stroke Hidup sebelum dan Pasca Stroke. Jakarta: Gramedia

WHO. *World Heart* Federation. [sumber online] 2020 April [diakses 15 Okt 2014]. Tersedia dari : URL: http://www.google.com/.ekahospital.com

Rosmha Widiyani. Kompas. [sumber online] 2013 Mei [diakses 15 Okt 2014]. Tersedia dari : URL: http://www.kompas.com/.health.htm

Herman Syamsuddin.Yayasan Stroke Indonesia. [sumber online] 2011 Oktober [diakses 15 Okt 2021]. Tersedia dari URL: http://www.yastroki.or.id/read.php?id=317

Lumbantobing. 2007. Stroke Bencana Peredaran Darah di Otak. Jakarta : FKUI

Defiaroza, dkk. Hubungan Dukungan Keluarga dengan Kejadian Depresi pada Pasien Stroke di RSUP Dr. M. Djamil [skripsi]. Padang : Poltekkes Kemenkes RI; 2011

Stuart, Gail Wiscarz. 2016. Buku Saku Keperawatan Jiwa. Jakarta : EGC

Suliswati, dkk. 2015. Konsep Dasar Keperawatan Kesehatan Jiwa. Jakarta : EGC

Muchtar Mukarim. Prime Health Journal [Jurnal Kesehatan Prima Volume 4. Nomor 1]. Mataram : Politeknik Kesehatan DepKes; 2010

Yerika, Widyarti. Gambran Konsep Diri Klien Stroke di Poliklinik Syaraf RSUP Dr. M. Djamil. [skripsi]. Padang : Poltekkes Kemenkes RI; 2009

Smelzer, Suzanne C. 2018. Buku Ajar Keperawatan Medikal-Bedah. Jakarta : EGC

Junaidi, Iskandar. 2018. Stroke Waspadai Ancamannya. Yogyakarta : CV. Andi Offset

Soeharto, Imam. 2018. Serangan Jantung dan Stroke. Jakarta : Gramedia Pustaka Utama

Potter. 2017. Fundamental Keperawatan. Jakarta : EGC

Notoatmodjo, Soekidjo. 2017. Metodologi Penelitian Kesehatan. Jakarta : Rineka Cipta

Nursalam. 2017. Konsep dan penerapan Metodologi penelitian Ilmu Keperawatan. Jakarta : Salemba Medika

Kelliat, Budi Anna. 1992. Gangguan Konsep Diri. Jakarta : EGC

Saam, Zulfan. 2018. Psikologi Keperawatan. Jakarta : Raja Grafindo Persada

Sunaryo. 2004. Psikologi untuk Keperawatan. Jakarta : EGC

Jacinta F Rini. Konsep Diri. 2002. [sumber online] 2002 April [diakses 15 Jan 2014]. Tersedia dari : URL: http://www.google.com

Riset Kesehatan Dasar (Riskesdas) (2018). Badan Penelitian dan Pengembangan Kesehatan Kementerian RI tahun 2018. http://www.depkes.go.id/resources/download/infoterkini/materi_rakorpop_2018/Hasil%20Riskesdas%202018.pdf –