

The Correlation of Self-efficacy with Anxiety in Stroke Patients

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Abstract: The number of stroke disease in Indonesia has been increased in 2013 from 8.3 to 12.1 per 1000 inhabitants. A person who suffers a stroke will experience paralysis or weakness on the side of the stroke patient. This results effect the psychosocial problems felt by stroke patients, one of which is anxiety. This study aims to determine the effect of Self-efficacy with anxiety level in stroke patients. This study used analytic correlation method with cross sectional approach. The populations in this study were 147 respondents covered all stroke patients who were treated in the Jombang Hospital. Samples of 37 respondents were taken using Quota Sampling. Independent variable was self-efficacy; dependent variable was Anxiety, to collect data with statistical test with questionnaire test that used spearman's rank. The results shows that most of the respondents had positive self-efficacy and most of the respondents had mild anxiety level with significance value $p = 0.022$. It means that there was a relationship of self-efficacy with anxiety level in stroke patients. Self-efficacy plays an important role to increase confidence in stroke patients. The results of this research can motivate stroke patients to decrease their anxiety.

1 BACKGROUND

Stroke is a serious neurological problem, and it is the highest cause of death (Dourman K, 2013). A person suffering from a stroke will experience paralysis or weakness on the stroke side of the body. This is the problem of life. A problem faced by someone who was hospitalized one of them is a psychosocial problem. Psychosocial problems that are usually felt by stroke patients who are treated in the hospital one of them is anxious. With anxiety will aggravate the perceived illness. One way to relieve anxiety is with Self-efficacy.

In ASEAN countries stroke is also a major health problem that causes death. According to the American Heart Association (AHA), the stroke mortality rate in stroke patients in the United States each year is 50-100 out of 100,000 people. Of all stroke sufferers in Indonesia, ischemic stroke is the most common of 52.9% followed sequentially by intracerebral hemorrhage, embolism and subarachnoid hemorrhage with an incidence rate of 38.5%, 7.2% and 1,4% (Dinata, Yuliani, 2013).

Basically, stroke is caused by cerebral thrombosis, cerebral embolism, cerebral ischemia and cerebral hemorrhage which can lead to paralysis or weakness on the side of the stroke patient, who

initially can move normally as normal people, but after a stroke that is marked by loss function of the body suddenly due to impaired blood flow of the brain, so that stroke patients will experience physical disorders, disruption of activity or mobility. This will lead to problems in the psychological one of which is anxiety. Cognitive symptoms of anxiety such as worry, feeling disturbed, fear, confusion and difficulty concentrating are some of the symptoms of patients experiencing anxiety. One way to relieve anxiety is with Self-efficacy. According to Bandura's theory, people with high Self-efficacy are those who believe that they can do well with difficult tasks as something that must be mastered is not something to be avoided (Suharsono and Istiqomah, 2014). Individuals who have high Self-efficacy, when faced with a stressful situation will try harder and last longer and will be more active in the effort than people who have low Self-efficacy, and will be more daring to set targets or goals to be achieved (Sulistiyowati, 2007).

With treatment, it is expected of stroke patients can increase the chances of life, and in turn can save the soul of the patient. However, the handling was done above has not touched the mental aspect, whereas stroke patients will experience psychosocial problems such as anxiety (Widarti, 2012) Based on

background above, the researchers feel interested to raise the problem of Self-efficacy with Level of Anxiety In Stroke Patients In Flamboyan Pavilion of RSUD Jombang.

2 METHODS

The type of study was analytic correlation method with cross sectional approach. The population of this study were 147 respondents covered all stroke patients who were treated in the Pavilion Flamboyan RSUD Jombang. A sample of 37 respondents was taken using Quota Sampling. Independent variables was self-efficacy, dependent variable was anxiety, data retrieval method with statistical test questionnaire used spearman's rank.

In conducting this study the researcher got a research permit from Institution STIKES Pemkab Jombang, and then the license was submitted to RSUD Jombang. After receiving a reply letter from RSUD Jombang, the reply letter was proposed to the Head of Flamboyan Pavilion Room of RSUD Jombang. After getting permission from the Head of Flamboyan Pavilion Room of RSUD Jombang then the researcher found respondents and approaches the respondent by first explaining the intent and purpose of the study to be conducted by the researcher.

3 RESULTS

The results of study would discuss about the characteristics of respondents based on Self-efficacy with anxiety level in stroke patients in the Flamboyan Pavilion of Jombang General Hospital. The study conducted on 10-25 April 2017. Data collection used questionnaire Self-efficacy and anxiety questionnaire, research sample as many as 37 respondents.

Table 1 showed that respondents of stroke patients in the Flamboyan Pavilion of RSUD Jombang were predominantly 46-65 years old, amounting to 21 people (56.8%). Based on sex showed that respondents of stroke patients in Flamboyan Pavilion of RSUD Jombang were 24 females (64.9%).

Based on education showed that the respondents of stroke patients in the Pavilion Flamboyan RSUD Jombang mostly primary school with 23 people (62.2%).

Table 1: Distribution of stroke patients' characteristics.

General Data	Frequency	Percentages (%)
Age		
36-45 Years old	5	13.5
46-65 Years old	21	56.8
>65 Years old	11	29.7
Gender		
Male	13	35.1
Female	24	64.9
Education		
Elementary	23	62.2
Junior High School	5	13.5
Senior High School	7	18.9
College	2	5.4
Occupation		
Unemployment	16	43.3
Framer	18	48.6
Retired civil servants	3	8.1
Period of caring		
1-5 days	22	59.5
6-10 days	9	24.3
11-15 days	3	8.1
16-20 days	2	5.4
21-25 days	1	2.7

Table 2: Frequency distribution of self-efficacy in stroke patients.

Self-Efficacy	Frequency	Percentages (%)
Positive	23	62.2
Negative	14	37.8
Total	37	100

Table 3: Frequency distribution of the anxiety in stroke patients.

Anxiety	Frequency	Percentages (%)
Not anxiety	11	29.7
Mild	15	40.5
Medium	9	24.3
Strong	2	5.4
Total	37	100

Based on the occupation, it showed that the respondents of stroke patients in the Pavilion Flamboyan Jombang Hospital almost half worked as farmers with the number of 18 people (48.6%).

Based on the length of care, it showed that the respondents of stroke patients in Pavilion Flamboyan of RSUD Jombang mostly undergo long treatment in Flamboyan Pavilion 1-5 days as many as 22 people (59.5%).

Table 5: Cross-tabulation between ages with anxiety in stroke patients.

Age	Anxiety								Total	
	Not Anxiety		Mild		Medium		Strong			
	f	%	f	%	f	%	f	%	f	%
36-45Years	0	0.0	4	80.0	1	20.0	0	0.0	5	100
45-65 Years	6	28.6	8	38.1	5	23.8	2	9.5	21	100
>65 Years	5	45.5	3	27.3	3	27.3	0	0.0	11	100

Table 6: Cross-tabulation between educations with anxiety in stroke patients.

Education	Anxiety								Total	
	Not Anxiety		Mild		Medium		Strong			
	f	%	f	%	f	%	f	%	f	%
Elementary	6	26.1	9	39.1	6	26.1	2	8.7	23	100
Junior High	2	40.0	2	40.0	1	20.0	0	0.0	5	100
Senior High	1	14.3	4	57.1	2	28.6	0	0.0	7	100
College	2	100	0	0.0	0	0.0	0	0.0	2	100

Table 7: Cross-tabulation between ages with self-efficacy in stroke patients.

Age	Self-Efficacy				Total	
	Positive		Negative			
	f	%	F	%	f	%
36-45 years	3	60.0	2	40.0	5	100
45-65 years	12	57.1	9	42.9	21	100
>65 years	8	72.2	3	27.3	11	100

Table 8: Cross-tabulation between genders with self-efficacy in stroke patients.

Gender	Self-Efficacy				Total	
	Positive		Negative			
	f	%	F	%	F	%
Male	8	61.5	5	38.7	13	100
Female	15	62.5	9	37.5	24	100

Table 2 showed that respondents of stroke patient in Flamboyan Pavilion of RSUD Jombang mostly had positive Self-efficacy of 23 people (62.2%), whereas almost half of respondents had negative Self-efficacy of 14 people (37.8%).

Table 3 showed that respondents of stroke patient in Flamboyan Pavilion of RSUD Jombang almost half had mild anxiety level of 15 people (40.5%).

Table 4 showed that 37 respondents of stroke patients in Flamboyan Pavilion of RSUD Jombang had positive self-efficacy mostly had mild anxiety level that was 12 people (52.2%), whereas from respondent with negative self-efficacy almost half had moderate anxiety level as many as 6 people (42.3%).

Table 5 showed that of 37 respondents of stroke patients in Flamboyan Pavilion of RSUD Jombang, aged 46-65 years, almost half experienced mild anxiety level of 8 people (38.1%).

Table 6 showed that 37 respondents of stroke patients in the Flamboyan Pavilion of RSUD Jombang with elementary school education, almost

half experienced mild anxiety about 9 people (39.1%).

Table 7 showed that 37 respondents of stroke patients in Flamboyan Pavilion of RSUD Jombang, 46-65 years old, most of them had positive self-efficacy of 12 people (57.1%).

Table 8 showed that 37 respondents of stroke patients in the Flamboyan Pavilion of RSUD Jombang, most of them had positive self-efficacy of 15 people (62.5%) and almost half have negative self-efficacy of 9 people (37.5%).

4 DISCUSSION

4.1 Self-Efficacy to Patients with Stroke

Based on Table 2 showed that the respondents of stroke patients in the Flamboyan Pavilion of RSUD Jombang mostly had positive Self-efficacy of 23

people (62.2%), while almost half of the respondents had negative Self-efficacy of 14 people (37.8%).

According to Bandura (1997) in the book of psychological theories (Ghufron and Risnawita, 2016) Self-efficacy can be derived from 4 factors: Master Experience, Vicarious Experience, Verbal Persuasion and Physiological State, which is an experience / achievement ever achieved by individuals in the past, these four sources will affect a person's perception of his illness and its management.6 According to (Walker, 2007) the longer the acceptance of his illness would affect the patient's Self-efficacy and there was a positive correlation between perception and the patient's Self-efficacy, that was, if the perception was good then Self-efficacy increases.

Based on these facts and theories, the researcher concluded that positive self-efficacy was supported by some stronger factors and stronger willingness so that individuals who have higher self-efficacy will be more trying to overcome illness suffered than individuals who had negative self-efficacy.

Table 7 showed that 37 respondents of stroke patients in Flamboyon Pavilion of RSUD Jombang, 46-65 years old, most of them had positive self-efficacy as many as 12 people (57.1%).

According to Bandura (1997) older individuals had more time span and experience in overcoming things when compared to younger individuals.

Based on existing facts and theories of individuals aged 46-65 years had high self-efficacy. This was because older individuals were more focused and more striving to achieve the desired healing or outcome so they still had strong belief in themselves to heal.

Table 8 showed 37 respondents of stroke patients in Flamboyon Pavilion at RSUD Jombang, most of them had positive self-efficacy as many as 15 people (62.5%) and almost half had negative self-efficacy was 9 people (37.5%).

According to Bandura (1997) in the book of psychological theories (Ghufron and Risnawita, 2016) In some areas of a particular job men had higher self-efficacy compared to women, and vice versa self-efficacy women excel in some jobs compared with men. Men usually had high self-efficacy with jobs that demand mathematical of technical skills.

According to the analysis of researcher, female had a high level of confidence in dealing with the disease that she suffered. In addition, women had a more calm and persevering in undergoing treatment of the illness.

Based on Table 4 showed that from 37 respondents of stroke patients in Flamboyon Pavilion of RSUD Jombang which had self positive efficacy, most of them had mild anxiety level is 12 people (52.2%), while from respondent own self negative efficacy almost half have medium anxiety level that was as many as 6 people (42.3%). From the above data could be concluded that the higher Self-efficacy affected owned respondents lighter level of perceived anxiety.

According to Bandura (Blackburn & Davidson, 1994) described what matters in relieving anxiety, among others, as follows: Self-efficacy was as an individual's mind to his or her own ability to cope with situations. Outcome Expectancy had a sense as an individual estimate of the likelihood of consequences. Certain consequences that may had an effect on suppressing anxiety (Sarafino, E.P & Smith, 2011). Based on the most important thing that must be owned by individuals to be able to carry out healthy behavior is Self-efficacy.

Based on these facts and theories, stroke patients should have confidence in the treatment and treatment could maintain their life. Basically, any patient with an illness would have a disruption to more physical functioning when the patient has inner confidence or has the ability to perform certain behaviors. Patients had confidence in their ability to cope with various treatments so as to overcome the pain of their illness known as self-efficacy. The respondents with positive self-efficacy had a mild anxiety level. This was because the patient had a positive efficacy or self-confidence to heal, and with care and treatment had been done to maintain his life.

The anxiety of patients with Stroke in Flamboyon Pavillionof RSUD Jombang

Based on Table 3, it showed that the respondents of stroke patients in the Pavilion Flamboyon Jombang Hospital almost half had a mild anxiety level of 15 people (40.5%).

According to Davis and Palladino (1997) anxiety had a sense as a general feeling that has behavioral characteristics and cognitive or psychological symptoms. 19% of men and 31% of women had experienced anxiety. While Hall and Lindzey (2001) added, anxiety was the tension resulting from threats to security, both real and ordinary imagination (Safaria dan Nofrans, 2012).

Based on the results of the study the researchers concluded that stroke patients in Pavilin Flamboyon RSUD Jombang had mild anxiety level, this was because stroke patients have more confidence level about the disease they face.

Table 5 showed that 37 respondents of stroke patients in Flamboyan Pavilion of RSUD Jombang, 46-65 years old, almost half had mild anxiety level of 8 people (38.1%).

According to (Kaplan & Sadock, 1997), that anxiety disorders could occur at any age, more often in young adulthood, ie at age 21-44 years.

This was contrast to what was found by researchers, the age that experienced anxiety most of the respondents aged 46-65 years. According to the analysis of age researchers were more often experienced psychological problems. When someone aged 46-65 years then they will face various kinds of problems both in terms of physical, psychological, and social. From some of these problems, when someone did not have strong beliefs would experience anxiety. In addition, when conducted research on stroke patients in the Pavilion Flamboyan RSUD Jombang at the age of 46-65 years so that ultimately the anxiety felt by stroke patients more in the age range 46-65 years.

Table 6 showed that 37 respondents of stroke patients in the Flamboyan Pavilion of RSUD Jombang were mostly 23 elementary school students (62.2%), some had minor anxiety about 9 people (24.32%) and a few had severe anxiety a total of 2 people (5.4%). This was supported by (Struart & Sundeen, 1998), that the lower education level of a person then the knowledge obtained tend to be less. Conversely, the higher education would be easier to think rationally and capture information.

Based on facts and theories, one's education greatly affected the level of anxiety. This was because a person with a lower level of education had less experience and knowledge that would affect a person's knowledge. One of them was the knowledge of the disease that was suffered, so it would cause a negative response that is anxiety.

4.2 The Correlation of Self-Efficacy with Anxiety Level of Patients with Stroke

In this section would be discussed about the correlation of self-efficacy with anxiety. Based on statistical test results showed correlation coefficient $r = 0.376$ and significance value $p = 0.022$ which means smaller than 0.05 then H1 accepted. This means there was a correlation of Self-efficacy with anxiety levels in stroke patients in the Flamboyan Pavilion of RSUD Jombang. This means that the higher self-efficacy of stroke patients, the lower anxiety of the stroke patients. Similarly, the lower

self-efficacy of stroke patients affected the higher perceived anxiety of the stroke patient.

The results of this study were in line with previous research conducted by (Anwar, 2009) on the relationship between Self-efficacy with the anxiety of speaking in front of the students at the University of North Sumatra psychology faculty who showed the result that there was a significant negative relationship between Self-efficacy with public speaking anxiety in public faculty of psychology of Universitas Sumatera Utara.

From the results of this study with the results of research from researchers themselves about self-efficacy with anxiety, it could be concluded that the level of self individual efficacy would affect anxiety in the individual in the face of a problem. Or with another sentence that self-efficacy owned by stroke patients could improve or alleviate anxiety for stroke patients.

Self efficacy person was associated with several factors, among others: gender, age, education and employment. Self-efficacy determines the form of action they would choose to do, as strong as the individual could survive in the face of the problems. According to Bandura, self-efficacy was useful for training control of anxiety itself. When people experience high anxiety they usually had low self-efficacy, while those with high self-efficacy would feel able to overcome obstacles and perceive threats as a challenge that was unnecessary to avoid. With a high Self-efficacy, individuals will run their business with enterprising, not easily give up, and would make every effort to get maximum results in the face of its duties. While individuals with low Self-efficacy would feel easily give up and easily desperate in the face of problems. This means that stroke patients with low Self-efficacy did not dare to face the problem and easy to give up.

According to Adler and Rodman (Ghufron dan Risnawita, 2016) there were two factors that cause anxiety, namely: negative experiences in the past. Anxiety that could arise may be palpitations, cold sweats, tremors and other anxiety responses. Another factor that was unpleasant thoughts would happen to him. While factors that may affect anxiety include: age, physical condition and education level.

Bandura (Blackburn and Davidson, 1994) describes what matters in relieving anxiety, among others, as follows: Self-efficacy was an individual's estimate of his or her own ability to handle situations. Outcome expectancy had an understanding as an individual estimate of the possibility of certain consequences may have an

effect on suppressing anxiety (Safaria dan Nofrans, 2012).

Thus, Self-efficacy and anxiety played an important role in stroke patients who were undergoing treatment at the Hospital. Self-efficacy played an important role in providing confidence that with the conduct of treatment and treatment of the disease would be able to maintain the patient's life. Self-efficacy was one way to relieve anxiety in stroke patients who were undergoing treatment at the Hospital. The self-efficacy is expected to reduce the anxiety in stroke patients.

5 CONCLUSIONS

Self-efficacy has relation with anxiety level on stroke patient. Self-efficacy plays an important role to increase confidence in stroke patients. The results of this research can motivate stroke patients to decrease their anxiety. For further research, we recommend to study research development on other factors related to self-efficacy or anxiety.

REFERENCES

- Anwar, astrid. I. . (2009) 'Hubungan Antara Self-efficacy dengan Kecemasan Berbicara di Depan Umum pada Mahasiswa Fakultas Psikologi Universitas Sumatra Utara', *Medan: Universitas Sumatra Utara*.
- Dinata, Yuliani, S. (2013) 'Gambaran Faktor Resiko dan Tipe Stroke pada Pasien Rawat Inap di Bagian Penyakit Dalam RSUD Kabupaten Solok Selatan Periode 1 Januari 2010 - 31 Juni 2012', <http://jurnal.fk.unand.ac.id>.
- Dourman K (2013) 'Waspada Stroke Usia Muda', *Jakarta: Cerdas Sehat*.
- Ghufron dan Risnawita (2016) *Teori-teori Psikologi*. Jogjakarta: Ar-Ruzz Media.
- Kaplan & Sadock (1997) *Terapi Psikiatri*. Jakarta: EGC.
- Safaria dan Nofrans (2012) *Manajemen Emosi*. Jakarta: Bumi Aksara.
- Sarafino, E.P & Smith, T. . (2011) *Biopsychosocial Interactions*. United States of America: John Willey & Sons Inc.
- Stuart & Sundeen (1998) *Keperawatan Jiwa*. Edisi 3. Jakarta: EGC.
- Suharsono and Istiqomah (2014) 'Validitas Dan Reabilitas Skala Self-efficacy', <http://ejournal.umm.ac.id/>.
- Sulistiyowati, P. (2007) 'Hubungan Antara Burnout dengan Self-efficacy pada Perawat di Ruang Rawat Inap RSUD Prof. Dr. Margono Soekarjo Purwokerto', <Http://jurnalonline.unsoed.ac.id>.
- Walker (2007) 'Importance of Illness Beliefs and Self-efficacy for Patients with Coronary Heart Disease',

Journal of Advanced Nursing, 48(3), 216-225.

Widarti, dkk (2012) 'Respons Psikologis (Kecemasan dan Depresi) dan Respons Biologis pada Pasien Stroke Iskemik dengan Pendekatan Model Home Care Holistic', *Jurnal Ners : Poltekkes Kemenkes Surabaya*.