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ABSTRACT

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Increasing Role of Nurse in the Era of Globalization through Inter-professional Collaboration in the Perspective of Agricultural Nursing

Jember, 9 November 2014

**School Of Nursing
Jember University**



*Membangun Generasi
Menuju Insan Berprestasi*



ABSTRACT

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RELATIONSHIP OF FUNCTIONAL STATUS DEPRESSION LEVEL IN STROKE PATIENTS IN RSUD SIDOARJO

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Abstract

Background : Activity disorder causes patients feel inadequate and helpless so it causes a decrease in self-esteem and depression. The object of this study was to analyze the relationship between the functional status of the level of depression in stroke patients in hospitals Sidoarjo.

Methods: The study design was correlational, Cross-Sectional approach. Its population is all stroke patients who are in hospitals Sidoarjo numbered 143 people. Samples were taken by Purposive Sampling technique, so we get 104 people who meet the inclusion criteria. Data collection was conducted using observational sheets and questionnaires. Data were analyzed with statistical tests Spearman rho ($\rho < 0,05$).

The results: based on the functional status of the respondents were able to perform activities independently 4 people, 16 people suffered minor dependent, addicted are 60 people, 22 people suffered severe dependence, and dependence experienced a total of 2 people. Based on respondents' levels of depression were not depressed 10 people, 59 people suffered minor depression and major depression 32. Statistical test results obtained through $p = 0.000$. These results can be concluded that there is a functional relationship status with the level of depression in stroke patients.

Conclusion: Based on the results of this study should be nurses can apply optimal nursing care to improve the impaired functional status and prevent depression in stroke patients.

Keywords: Functional Status, Depression, stroke patients

Background

Stroke is a disorder of the central nervous system are the most common and is the main cause disruption of functional status (Irfan , 2010: 01) Functional status is a concept of the ability to perform self - care , self- maintenance , and physical activity (Wilkinson , 2011).

At the time of ischemia in the brain there are some inability to perform certain physical functions , such as moving the limbs specific , so that patients feel inadequate and feel helpless . Patients react with anger against the loss events are then directed to themselves , causing a decrease in self-esteem and depression (Bramastyo , 2009: 34) . Stroke is accompanied by depression are actually quite a lot , but the attention to the issue of health workers is often overlooked , because the priority is aimed at his physical problems , so the depression that arises not addressed adequately (Wicaksana , 2008: 19).

Preliminary studies conducted by researchers on May 7, 2013 at the Hospital Sidoarjo unknown number of stroke patients in the year 2012 as many as 1717 patients and on average in 1 month are 143 patients in which patients were divided into inpatient and outpatient . From all stroke patients , 90% of impaired functional status and 10 % of patients had previously experienced functional impairment and is now doing rehabilitation . Researchers conducted interviews with families of stroke patients in hospitals Sidoarjo on May 7 , 2013. Researchers asked personality stroke patients with impaired functional status before and after the occurrence of stroke , found 7 of 10 patients (who had not had aphasia) , before the stroke has personality cheerful but after having suffered a stroke patient , the patient is more subdued and moody . This above is an early sign of depression

In psychological , stroke patients experience a " lost " a very large and valuable in life , which is " lost " the freedom to move and work , valor , the strength of his body , self-reliance (to do things of a personal nature) , and skill . Depending on the degree of disability , many people become dependent on others . This gives rise to grief , stress (pressure) , frustration and despair . If it is very heavy and prolonged , unexpected and beyond the individual's ability to cope with , there was a kind of mental emotional disorder called depression (Wicaksana , 2008: 20) .

If left untreated, depression can reduce quality of life , trigger , or aggravate slow healing of physical disease . In addition depression may also

increase the economic burden and reliance on family

Materials and Methods

This study uses non-experimental correlations or cross sectional approach .. This means looking for functional analysis of the relationship status of the level of depression in stroke patients. This study was conducted in June 2013 in Sidoarjo Hospital. The study population was all stroke patients in hospitals Sidoarjo some 143 people. The sampling technique used in this study is the technique of "probability sampling" with a kind of "purposive sampling". The population in this study were all stroke patients in hospitals Sidoarjo obtained as many as 104 respondents. Researchers conducted the selection based on the inclusion and exclusion criteria were predetermined. Furthermore, the researchers approached the respondent to obtain approval, the approach is done by providing an explanation of the purpose and benefits of the research to avoid misunderstandings and to seek approval (informed consent).

The first data collection through demographic data made researchers. Data collection for the functional status of patients is done by observing and interviewing the patient, the instrument in this study is the Barthel index. The collection of data for the level of depression patients is done by giving questionnaires to patients, the questionnaire as an instrument in this study was the GDS.

The independent variable in this study was largely independent variable functional status of stroke patients in inpatient hospital room of Sidoarjo . While the dependent variable in this study the dependent variable is the level of depression stroke patients in hospitals Sidoarjo .

The research instrument data in this study using observation and measurement questionnaire . For the measurement of the functional status of stroke patients , researchers interviewed and observed using the Barthel index . As for the first questionnaire containing demographic data about patients who poured in the form of options. To measure the level of depression stroke patients used measure of depression GDS

Research Result

1. Demographics Data

General data is data which supports research and is not included in the variables studied . The data included in the general data are age , gender ,

education , marital status , religion , occupation , income , consumption of drugs for the treatment , consumption of narcotic drugs , consumption of instant food , family history of disease on depression , sleep time , the type of stroke and complications of the disease in stroke patients in hospitals Sidoarjo , amounting to 104 people who will be presented in full in the form :

1. Characteristics of Respondents by Age

Table 1 Frequency Distribution of Respondents by Age Stroke Patients In Hospital Sidoarjo

Age	Freq	(%)
< 40 th	5	4,8
41-50 th	41	39,4
51-60 th	31	29,8
> 60 th	27	26
Total	104	100

Table 1 shows the respondents in this study amounted to 104 people with the details of as many as five people (4.8 %) were aged < 40 years , as many as 32 people (30.8 %) aged 41-50 years , as many as 40 people (38.5 %) 51-60 years old , and as many as 27 people (26 %) aged > 60 years

2. Characteristics of Respondents by Gender

Table 2. Distribution of Respondents Frequency Stroke Patients by Sex In Hospital Sidoarjo

JK	Frekuensi	(%)
Pria	59	56,7
Wanita	45	43,3
Total	104	100

Table 2. shows the respondents in this study amounted to 104 people with the details of as many as 59 people (56.7 %) male and as many as 45 people (43.3 %) female sex .

3. Characteristics of Respondents by Education Level

Table 3. Respondents Frequency Distribution Based Stroke Patients In Hospital Sidoarjo Education Level

Edu	Frek	(%)
SD	27	26
SMP	25	24
SMA	39	37,5
PTT	10	9,6
Tdk Sekolah	3	2,9
Total	104	100

Table 3 shows the respondents in this study amounted to 104 people with the details of as many as 27 people (26 %) elementary school education , as many as 25 people (24 %) junior high school education , as many as 39 people (37.5 %) had high school , as many as 10 people (9 , 6 %) educated scholar and as many as three people (2.9 %) are not educated

4. Characteristics of Respondents by Marital Status

Table 4 Respondents Frequency Distribution Based Stroke Patients In Hospital Sidoarjo Marital Status

Status	Frek	(%)
Single	1	1
Married	95	91,3
Single parent	8	7,7
Total	104	100

Table 4 shows the respondents in this study amounted to 104 people with the details of as many as 1 person (1 %) with unmarried status , as many as 95 people (91.3 %) with a married status , as many as 8 people (7.7 %) with the status of the parents single .

5. Characteristics of Respondents by Job

Table 5. Distribution of Respondents Frequency Stroke Patients In Hospital Sidoarjo Based Jobs

Jobs	Frek	(%)
Purn	15	14,4
PNS	14	13,5
Swasta	47	45,2
Others	28	26,9
Total	104	100

Table 5 shows the respondents in this study amounted to 104 people with the details of as many as 15 people (14.4 %) retired , as many as 14 people (13.5 %) of civil servants , as many as 47 people (45.2 %) of private , as many as 28 people (26.9 %) others.

6. Characteristics of Respondents by Income

Table 6 Respondents Frequency Distribution Based Income Stroke Patients In Hospital Sidoarjo

Income	Frek	(%)
< Rp 1jt	51	49
1jt-2,5jt	42	40,4
> 2,5jt	11	10,6
Total	104	100

Table 5.6 shows the respondents in this study amounted to 104 people with the details of as

many as 51 people (49 %) income < Rp 1 million , as many as 42 people (40.4 %) rp. 1000000-2500000 income and as many as 11 people (10.6 %) income > rp. 2500000 ,

7. Consumption Characteristics of Respondents Based Drugs for treatment

Table 7 Distribution of Respondents Frequency Stroke Patients Consumption Based Drugs for treatment in hospitals Sidoarjo

Drugs consumptions	Frek	(%)
Yes	69	66,3
No	35	33,7
Total	104	100

Table 7 shows the respondents in this study amounted to 104 people with the details of as many as 69 people (66.3 %) drugs such as anti-hypertensive drugs , diabetes drugs and heart medication and as many as 35 people (33.7 %) did not consume drugs .

8. Characteristics of Respondents Based on Narcotic Drugs Consumption

Table 8 Distribution of Respondents Frequency Stroke Patients Based on Narcotic Drugs Consumption in Sidoarjo Hospital

Narcotics	Frek	(%)
Yes	0	0
No	104	100
Total	104	100

Table 8 shows the respondents in this study amounted to 1 04 people with as many details as 0 (0 %) consume narcotic drugs and as many as 104 people (100 %) did not consume narcotic drugs

9. Characteristics of Respondents Based Family Disease History Experiencing Depression

Table 9 Respondents Frequency Distribution Based Stroke Patient Disease History Families Experiencing Depression In Hospital Sidoarjo

Riwayat	Frek	(%)
Yes	12	11,5
No	92	88,5
Total	104	100

Table 9 shows the respondents in this study amounted to one person with the details of as many as 12 people (11.5 %) had a family who experienced depression and as many as 92 people (88.5 %) did not have a family who experienced depression

10. Characteristics of Respondents Who Is a backbone family

Table 10 Distribution of Respondents Frequency Stroke Patients Who Represents Backbone Family In Hospital Sidoarjo On Month June 2013 (n = 104)

	Frek	(%)
Yes	54	51,9
No	50	48,1
Total	104	100

Table 10 shows the respondents in this study amounted to one person with the details of as many as 54 people (51.9 %) are the backbone of the family and as many as 50 people (48.1 %) not the backbone of the family .

11. Characteristics of Respondents by Sleep Clock

Table 11 Respondents Frequency Distribution Based Stroke Patients Sleep Hours In Hospital Sidoarjo On Month June 2013 (N = 104)

Hour	Frek	(%)
3 hours	1	1
5 hours	10	9,6
6 hours	32	30,8
7 hours	37	35,6
8 hours	13	12,5
9 hours	7	6,7
10 hours	3	2,9
11 hours	1	1
Total	104	100

Table 11 shows the respondents in this study amounted to 104 people with the details as much as one person (1 %) to sleep for three hours, as many as 10 people (9.6 %) to sleep for 5 hours, as many as 32 people (30.8 %) sleep for 6 hours, as many as 37 people (35.6 %) slept for 7 hours, as many as 13 people (12.5 %) slept for 8 hours, a total of 7 people (6.7 %) slept for 9 hours , as many as 3 people (2 , 9 %) slept for 10 hours and as much as one person (1 %) to sleep for 11 hours .

12. Characteristics of Respondents by stroke type

Table 12 Respondents Frequency Distribution Based on Type Stroke Stroke Patients In Hospital Sidoarjo

Stroke type	Frek	(%)
CVA-Infark	75	72,1
CVA-Hemoragik	29	27,9
Total	104	100

Table 12 shows the respondents in this study amounted to one person with the details of as many as 75 people (72.1 %) had CVA - infarction and as many as 29 people (27.9 %) had CVA - Hemorrhagic

13. Characteristics of Respondents Experiencing Complications Disease

Table 13 Distribution of Respondents Frequency Stroke Patients Experiencing Complications Diseases In Hospital Sidoarjo

Complications	Frek	(%)
Yes	66	63,5
No	38	36,5
Total	104	100

Table 13 shows the respondents in this study amounted to one person with the details of as many as 66 people (63.5 %) experienced complications of the disease and as many as 38 people (36.5 %) did not experience complications of the disease

2. Special Data (Variable Research)

Special data is data that is included in the variables studied. Variables examined include: functional status , levels of depression and functional status relationship to the level of depression . General data will be described as follows :

1) Characteristics of Respondents Based on Functional Status

Table 15 Respondents Frequency Distribution Based Stroke Patients In Hospital Sidoarjo Functional Status

Functional Status	Frek	(%)
Independent	4	3,8
dependence Lightweight	16	15,4
dependence Medium	60	57,7
Heavy dependence	22	21,2
Total dependence	2	1,9
Total	104	100

Table 15 shows the respondents in this study amounted to 104 people with the details of as many as four people (3.8 %) can perform activities independently , as many as 16 people (15.4 %) had mild dependence in activities , as many as 60 people (57.7 %) experienced a moderate dependence in activities , as many as 22 people (21.2 %) experienced a heavy reliance in their daily activities, and as many as 2 people (1.9 %) experienced a total dependence in activities .

2) Characteristics of Respondents by Level of Depression

Table 16 Respondents Frequency Distribution Based on Level Depression Stroke Patients In Hospital Sidoarjo On Month June 2013 (n = 104)

Level of depression	Frek	(%)
No depression	10	9,6
Mild depression	61	58,7
Heavy depression	33	31,7
Total	104	100

Table 16 shows the respondents in this study amounted to 104 people with the details of as many as 10 people (9.6 %) did not experience depression , as many as 61 people (58.7 %) experienced mild depression and as many as 33 people (31.7 %) had severe depression

3) Relationship of Functional Status Level Against Depression In Stroke Patients In Hospital Sidoarjo

Table 17 Functional Relationship Status Level Against Depression In Stroke Patients In Hospital Sidoarjo

Functional status		Level of depression			Total
		No	Mild	heavy	
Independent	Jml	3	1	0	4
	(%)	75	25	0	100
Mild depend	Jmlh	3	11	2	16
	(%)	18,8	68,8	12,5	100
Medium depend	Jmlh	2	43	15	60
	(%)	3,3	71,7	25	100
Heavy depend	Jmlh	2	6	14	22
	(%)	9,1	27,3	63,6	100
Total depend	Jmlh	0	0	2	2
	(%)	0	0	100	100
Total	Jmlh	10	61	33	104
	(%)	9,6	58,7	31,7	100

$$\rho = 0,000 (\rho > 0,05)$$

Table 17 shows the respondents in this study amounted to 104 people. Of the 104 respondents, respondents who can perform activities independently, as many as three people (75%) no depression, as many as one person (25%) experienced mild depression, total 0 votes (0%) experienced severe depression. As for respondents who experienced a mild dependence in activities, as many as three people (18.8%) no depression, as many as 11 people (68.8%) experienced mild depression, as many as two people (12.5%) had major depression. As for the respondents who experience moderate dependence in activities, a total of 2 people (3.3%) there was no depression, as many as 43 people (71.7%) experienced mild depression, as many as 15 people (25%) had major depression. As for the respondents who experience severe dependence in activities, a total of 2 people (9.1%) there was no depression, as many as 6 people (27.3%) experienced mild depression, as many as 14 people (63.6%) had major depression. And for respondents who experienced a total

dependence in activities, a total of 0 votes (0%) no depression, total 0 votes (0%) experienced mild depression, as many as 2 people (100%) had major depression.

This study tested using Spearman Rho correlation test and the results obtained $\rho = 0,000$ with significance level of 0.05 and a correlation coefficient of -0.593 obtained results . From these results it can be said that there is a fairly strong correlation between the functional status of the level of depression in stroke patients

Discussion

1. Functional status of Stroke Patients In Hospital Sidoarjo

Based on the table 5:15 shows that of all respondents in this study , amounting to 104 people , the majority of respondents had moderate dependence in activities that as many as 60 people (57.7 %) and a small portion of respondents dependen in an activity that is 4 people (3.8 %). According Junaidi (2011) Factors affecting functional status in stroke patients , namely : the type of stroke , complications of the disease and age.

The first factor affecting the functional status is a type of stroke . Based on the results of the crosstab with demographic data , of the 75 respondents who are patients with stroke infarcts obtained the majority of patients with moderate dependency that 38 people (50.7 %) and of 29 respondents who are patients with hemorrhagic stroke obtained the majority of patients experience dependence was that 22 people (75.9 %). Infarction patients with stroke have a better prognosis than patients who experienced hemorrhagic stroke. The case of 30-day mortality rate was substantially higher in patients compared with patients with hemorrhagic infarction (Gopher, 2009: 167),

Research conducted by researchers not in accordance with the existing theory, which found no difference between the functional status of patients hemorrhagic stroke and myocardial so that it can be concluded that the type of stroke did not affect functional status of stroke patients. From the interviews conducted by the researchers this is the case because the initial treatment of patients very well where all the patients in this study after an attack immediately go to the hospital so the prognosis is good. While the patient is a routine outpatient do it control every week and never forget

to take medicine so that healing is experiencing worsening functional status very well. Whereas in patients with severe dependence for this is because the patient is hospitalized patients do not exercise because of ROM motion to obtain physiotherapy rehabilitation of patients require additional costs. Meanwhile, according Sunardi (2008) early mobility is one of the important things for stroke patients. Decline in function due to paralysis and can be addressed through the rehabilitation program. Paralysis through the use of muscles that still have a normal function, helps maintain and establish their strengths and help maintain the ROM (Range Of Motion) in influencing body to prevent muscles from shortening and permanent disability. In addition SOP is in the room is prohibited stroke patients to mobilize for 3 days to prevent an increase in ICT. During the patients treated in the patient's room were never carried out health education for rehabilitation functional status. Patients also not been included in the treatment.

The second factor affecting the functional status is a complication of the disease. Based on the results of the crosstab with demographic data, of the 66 respondents who have complications of the disease, most patients experience a moderate dependence at 39 people (59.1%), and suffered heavy dependence of 15 people (22.7%). Meanwhile, from 38 respondents who do not have the complications of the disease most patients experience mild dependence is 21 people (55.3%) and experienced a moderate dependence is 7 people (18.4%). Patients who have severe disease, such as hypertension, diabetes, heart disease, kidney, tends to recover more slowly than those without the disease (Junaidi, 2011: 64).

Results of the study conducted by researchers in accordance with the existing theory, where the majority of patients who have complications of the disease in an activity level of dependence heavier than that do not have the disease. It can be concluded that the complications of the disease affecting the patient's functional status of stroke complications of the disease where the disease that occurs in patients with hypertension, diabetes mellitus and coronary heart disease. This is because hypertension can attenuate blood vessel walls and damaging the inside of blood vessels that encourage the formation of atherosclerotic plaque, making it easier to blockage or bleeding of the brain (Junaidi, 2011: 65). And the presence of complications of the disease treatment focuses not only on the stroke alone and this will affect the speed of recovery as

well as complications of the disease if not treated can also aggravate the state of stroke.

A third factor affecting the functional status is age. Based on the results of the crosstab with demographic data, of the 40 respondents aged 51-60 years found that most patients is 23 people (57.5%) had moderate dependence, and of the 27 respondents who were aged > 60 years most patients is 16 people (59.3%) had moderate dependence and 8 (29.6%) experienced severe dependence. Generally speaking, there is a tendency of decrease in functional capacity both at the cellular level as well as at the organ level in line with the aging process. Due to the decline in functional capacity, older people generally do not respond to the internal environment has changed, the elderly tend to make it difficult to maintain the stability of physical and chemical status of the body or maintain body homeostasis. Disruptions to homeostasis can facilitate various system organ dysfunction and lower tolerance to drugs (Stiati, S., Harimurti, K., & Roshero, G., 2007).

Results of the study conducted by researchers in accordance with the existing theory, where the older patients heavy dependence on activity level. It can be concluded that age affects the functional status of stroke patients. This happens because of decreased function of the body that occur in patients because of their age is older and more likely to surrender to the situation because they feel old, so that the treatment they are likely not very active so that the healing was getting old and was not optimal. Old age resulted in physical and spiritual endurance of men and women to be greatly reduced (Kartono, 2002: 161).

2) The level of depressed stroke patients in hospitals Sidoarjo

Based on the table 5:16 shows that of all respondents in this study, amounting to 104 people, as many as 10 people (9.6%) did not experience depression, as many as 61 people (58.7%) experienced mild depression and as many as 33 people (31.7%) severely depressed. Factors affecting depression include: genetic factors, age, gender, lifestyle, drugs and drug trafficking (Lubis, 2009: 61). The first factor that affects depression is genetic. Based on the results of the crosstab with demographic data, of the 12 people who had relatives who were depressed as much as 6 people (50%) experienced mild depression and as many as three people (25%) had major depression.

Someone who is in the family known to suffer from major depression have a greater risk of suffering from depression than in society at large. This study with research Kendler (1992) of the Department of Psychiatry Virginia Commonwealth University against female twins showed that the twins shared risk factors of neuroticism and depression ranged between 70% and 20% due to genetic because of the environment and only 10% due to direct causes severe depression, meaning that if one twin diagnosed with major depression, the other twin has a big risk factors can be involved in depression as well (McKenzie, 1999 in Lubis, L, 2009: 62).

Results of research conducted by researchers in accordance with the existing theory, in which patients who have a family who are depressed largely depressed too. It can be concluded that the genetic influence the level of depression. Based on interviews conducted by researchers this can occur in addition to the genes possessed by patients with the risk of depression can also occur due to lack of support from within the family because the family there is someone who is depressed so if there are other families who are depressed are also considered something reasonable so families apathy

The second factor affecting depression is age. Based on the results of the crosstab with demographic data of respondents aged 27,> 60 years the majority of patients with major depression is 12 people (44.4%) experienced mild depression and as many as 11 people (40.7%).

According Lumongga, A person aged 60 years and older or elderly will be more susceptible to depression and other health problems (Saputri, 2011: 69).

Results of research conducted by investigators, according to the existing theory, where the older a person the more severe levels of depression. It can be concluded that, age affects the level of depression. Based on interviews obtained by researchers of patients experience a loss of excitement, it's easy to feel tired, decreased activity feel guilty and worthless, the future outlook and pessimistic. According Maramis (1995), quoted by Azizah (2011: 73), on elderly issues interesting is the lack of ability to adapt psychologically to the changes that happen to him. Decreased ability to adapt to change and environmental stress that often leads to depression. The elderly and the decline in activity makes the patient feel useless, helpless and blamed herself for feeling burden her family with hospital costs are quite expensive for the treatment

and dependence in activities that arises depression in patients.

The third factor is the influence of drugs for the treatment of depression. Based on the results of the crosstab with demographic data, of the 69 respondents who consume drugs for the treatment (such as drugs anti hipertensi, Digitalis, Diuretics and others) mostly experienced mild depression as many as 40 people (58%) and major depression is 24 people (34, 8%).

According to McKenzie (1999) some medicines for the treatment can lead to depression are: Tablet anti epilepsy, Antihypertensive Drugs, Antimalarial drugs-mefloquine (Iariam), anti-Parkinson's Drugs, chemotherapy drugs (some) used for the treatment of cancer, birth control pills (contraceptive merged and possibly the only progesteron pills), digitalis (heart), Diuretics (heart and blood pressure), Interferon-alpha is used for the treatment of hepatitis C, Sedatives, steroid therapy (for asthma, arthritis and others) (Lubis, L, 2009: 69). Specific side effects of hypertension medication if consumed in large quantities is depression, particularly in pharmaceuticals centrally acting, especially reserpine and methyl dopa (Tjay, 2002: 514). Digitalis drugs (beta-blockers) have the side effect is sleep disturbance with Nightmare, a sense of lethargy, sometimes also depression and hallucinations (Tjay, 2002: 518).

Results of research conducted by researchers in accordance with the existing theory, in which patients consumption drugs for the treatment of the majority of depressed. It can be concluded that, for the treatment of drug consumption can affect the level of depression. From the interviews conducted by the researchers this is because patients who take the drugs above feel that he has a lot of sickness and was disappointed with the circumstances that happened to him, causing the patient to become depressed. Physical illness or abnormality that create or generate ideas about the physical deterioration or death may trigger the onset of depression (Lubis, L, 2009: 79).

The fourth factor affecting depression are Narcotic Drugs. Based on the results of the crosstab with demographic data, of the 104 respondents surveyed, none of the patients who consume narcotic drugs. Narcotic drugs has been shown to cause depression because it affects chemicals in the brain and cause dependence (Lubis, L, 2009: 71). Medical school Harvard Family Health Guide is based on studies in Australia, reported that women

who use cannabis every week when teenagers more than twice as likely to develop depression into adulthood than those not taking (Lubis, L, 2009: 71). Side effects of use of narcotic drugs is a physical and psychological dependence can occur rapidly in chronic use when use is stopped abruptly withdrawal symptoms, such as feeling tired and sleepy and lasts up to 2-3 days. They were originally used these substances while in the state of depression, after discontinuing its use, the depression will be worse (Tjay, 2002: 343).

Results of research conducted by the researchers, it was found that, none of the patients who consume narcotic drugs. This is because patients do not admit that they were taking the drug. Patients feel fear of being scolded and poorly regarded by others if they admitted taking drugs.

The fifth factor affecting depression is a lifestyle. Where lifestyles can be seen from the diet and the frequency of sleep. Based on the results of the crosstab with demographic data, of the 65 respondents who consume instant largely suffered mild depression that is 36 people (55.4%) and heavy depression. Is 36 people (55.4%). While the 104 respondents surveyed patients who experienced severe depression were patients who sleep during the 6 hours that is 10 people (30.3%) and patients who slept for 7 hours are 9 people (27.3%). The high levels of stress and anxiety combined with unhealthy food and sleeping habits and no exercise for long periods of time can be a factor in some people suffering from depression. Research shows that anxiety and depression associated with an unhealthy lifestyle in patient risk of heart disease. Unhealthy lifestyle eg irregular sleep, irregular meals, eating fast food type or food containing flavorings, preservatives and artificial colorings (Hendratta 2004 in Lubis, L, 2009: 67).

Results of research conducted by researchers in accordance with the existing theory, in which patients who have a poor diet (often consume instant foods) and less hours of sleep mostly depressed. It can be concluded that lifestyle affects the level of depression. Because too much consumption of foods containing chemicals can trigger depression. Where the chemical is an ingredient that is not good for the body and can damage the body's homeostasis. Although it is not often associated with depression nutritional deficiencies (especially vitamin B), the food was too much chemicals in food can also be a factor in the occurrence of depression (Lubis, L, 2009: 67). And less hours of sleep can lead to a lack of patient's

immune system to foreign substances that either the disease or stressor. And hours of sleep that few can reflect a person's level of anxiety, where people who feel anxious and stressed they are hard to relax and finally be insomnia. According to Widya (2010: 45) psychological factors are anxiety and depression causes insomnia. Although tired and realize that sleep is necessary, the patient is unable to sleep. In depressed people may fall asleep quickly, but awake after two or three hours and then not sleep anymore.

The sixth factor affecting depression was sex. Based on the results of the crosstab with demographic data, of the 59 respondents were male majority experienced mild depression as many as 33 people (55.9%) and major depression were 17 (51.5%). Women are more often diagnosed with depression than men. Not that the younger women of depression, it could be because women are more often admitted for depression than men and more health workers can recognize depression in women (Lubis, L, 2009: 65).

Results of research conducted by researchers not in accordance with the existing theory, where the majority of patients with major depression are men. But it can be concluded that there is the influence of gender in the level of depression. Based on interviews conducted by researchers this happens because the patient feels that he is responsible as head of the family, and for the pain he felt unable to carry out their responsibilities even though most patients are pre elderly age but most patients still work before the onset of stroke. During sick patients can not work optimally even there are patients who retired from his job after stroke pain. If previous patient has his own money but for ill patients depends on the child or his wife. This has led to the stressor in a patient that causes patients to experience low self-esteem and cause the patient to become depressed. Beck (1985) has argued that the presence of depressive disorders resulting from a person's way of thinking against him. Patients tend to blame themselves. This is due to the cognitive distortions of the self, the world and its future, resulting in a self-evaluate and interpret things happen they tend to be looked at each negative (Lubis, L, 2009: 94).

The seventh factor affecting depression is self-esteem. Based on the results of the crosstab with demographic data, of the 57 respondents who have impaired self-esteem suffered mostly mild depression as many as 27 people (47.4%) and severely depressed as many as 29 people (50.9%).

Beck (1985) has argued that the presence of depressive disorders resulting from a person's way of thinking for himself. Patients tend to blame themselves. This is due to the cognitive distortions of the self, the world and its future, resulting in a self-evaluate and interpret things happen they tend to draw the conclusion that not enough and looked at each negative (Lubis, L, 2009: 74).

Results of research conducted by researchers in accordance with the existing theory, where patients who have impaired self-esteem largely depressed. It can be concluded that, self-esteem affects the rate of depression in stroke patients. Based on interviews conducted this research patients with impaired self-esteem considers himself unworthy, deprivation and tend to focus on unpleasant experience yourself. Patient sees itself not unpleasant and tend to resist themselves. Patients will be criticized and blamed himself for the mistakes and weaknesses that done. Patients perceive that others are much better than him. Someone who has a negative self-esteem to believe that he did not their valuable not appreciate his own opinion and feel ashamed of myself will lead to depression (Lubis, L, 2009: 75).

Eighth factor affecting depression is the mindset. Based on the results of the crosstab with demographic data, Of the 79 respondents who have impaired mindset (negative thought patterns) most experienced mild depression ie 47 persons (59.5%) and major depression is 32 people (40.5%). In 1967 the American psychiatrist Aaron Beck portrait thinking patterns are common in depression and is believed to make someone vulnerable to depression. Briefly he believes that someone who felt negatively about themselves vulnerable to depression (Lubis, L, 2009: 73).

Results of research conducted by researchers in accordance with the existing theory, in which patients who have impaired mindset (negative thought patterns) largely depressed. It can be concluded that, mindset affects the level of depression in patients. Most of us have no way optimistic in thinking that keep us excited. We tend not to heed more attention to the failures and our successes. Based on interviews conducted by the researchers this is the majority of patients had a negative mindset, they think otherwise. They do not acknowledge the success and focusing on their failures. Mc William and Bloomfield (2008) says a person with negative thoughts can develop bad habits and self-destructive behaviors that will lead to depression (Lubis, L, 2009: 73)

Based on the results of the crosstab with demographic data, other factors that may cause depression in stroke patients is a job. Of the 47 respondents who work privately mostly experienced mild depression that is 28 people (59.6%) and major depression is 15 people (31.9%).. According Suliswati (2005) depression arising from an inability to relate interpersonal and as a result of the rejection. Dignity is an important factor associated with depression. (Lubis, L, 2009: 75). Someone who does not work or is not obvious and odd job will be more depressed, this is because the person does not have a fee to pay for the hospital which is relatively expensive.

Results of research conducted by researchers in accordance with the existing theory, in which patients who do not work or work largely depressed. It can be concluded that, the work affects the level of depression. Based on the results of interviews conducted by researchers this happens because the patient feels that his income is erratic and uncertain each month. In addition to the work of the company is very high demands, if patient considered unproductive in layoffs so that patients can cause the patient to experience depression. Situations that can lower self-esteem. Frequently encountered is the love denied, failure in studies, got laid off, exiled family can lead to depression (Lubis, L, 2009: 32)

Based on the results of the crosstab with demographic data , other factors that may cause the level of depression in stroke patients is income . Of the 51 respondents who have an income < 1000000 , most experienced mild depression ie 32 persons (62.7 %) and major depression is 17 people (33.3 %). Income each month is also associated with the pattern of psychiatric disorders . It found that the prevalence of low income earners psychiatric more . So that low income can cause depression (Nursalam , in puspita 2011) .

Results of research conducted by researchers in accordance with the existing theory, in which patients who have low incomes largely depressed. It can be concluded that the amount of income affects the level of depression in stroke patients. From interviews conducted by researchers this happens because patients are confused in paying medical expenses are relatively large, for patients for the cost of everyday life has been difficult especially for the cost of treatment in hospital, this causes depression in patients. In this study 1000000-2500000 income patients also experienced mild depression, it is not because of the

costs to be in the responsibility of the patient but because the patient can not do his job properly and activity. Illness, physical disorders and abnormalities generally create or evoke depression (Lubis, L, 2009: 33).

Based on the results of the crosstab with demographic data, other factors that may cause the level of depression in stroke patients is marital status. Of the 95 respondents who are married, most experienced mild depression that is 58 people (61.1%) and major depression is 27 people (28.4%). Prevalence of depression in people who are married is higher than the unmarried. It is appropriate, where the wedding itself is one type of stressor. Married people have dependents greater life compared with those not married, for example, demands for a living family, the need for shelter and others. Depression can also occur due to the fact not in line with expectations (Trilistya, 2006: 13).

Results of research conducted by researchers in accordance with the existing theory, in which patients who have been married largely depressed. can thus be concluded that, marital status affects the level of depression in stroke patients. Based on interviews conducted by researchers this happens because the patients had a family that greater patient responsibility. Families of patients still need to charge such as school fees, the cost of cooking for his wife and others. This is why patients are likely to experience depression.

Based on the results of the crosstab with demographic data, other factors that may cause the level of depression in stroke patients is education. Of the 39 respondents whose last high school education, most experienced mild depression that is 22 people (56.4%) and major depression is 12 people (30.8%). The level of education affects a person in a depression, the higher a person's education level, the more easily receive information so that the more knowledge. Conversely less education would hinder the development of one's attitude towards the value introduced (Nursalam 2001, in Puspitasari 2011).

Results of research conducted by different researchers with the above theory research conducted by the researchers , the majority of depressed patients are patients with education high school level . This is because the demands of work in these patients is quite high , in which patients who had high school are working as civil servants , so the activity disruption and interference in the work led to patients suffering from depression . According Vegchel (2004) work demands both

emotionally and high workload can lead to depression (Lubis , L , 2009: 60) . Based on the results of the crosstab with demographic data , other factors that may cause the level of depression in stroke patients is the backbone of the family . Of the 54 respondents who are the backbone of the family , most experienced mild depression ie 32 persons (59.3 %) and major depression is 13 people (24.1 %)

People who are married and the spines in the family has borne a greater life than those not married, for example, demands for a living family, the need for shelter and others. Depression can also occur due to the fact not in line with expectations (Trilistya, 2006: 13).

Results of research conducted by researchers in accordance with the existing theory, in which patients who serves as the backbone of most of the family are depressed, so it can be concluded that the position as the backbone of the family affects the level of depression. Based on interviews conducted by researchers People are the backbone have dependents living larger than that not to be the backbone, for example, demands for a living family, the need for shelter and others. So that when patients have dependence in activities of patients feel anxious and powerless causing depression.

Based on the results of the crosstab with demographic data, other factors that may cause the level of depression in stroke patients is the backbone of the family. Of the 54 respondents who are the backbone of the family, most experienced mild depression ie 32 persons (59.3%) and major depression is 13 people (24.1%).

3) Relationship of Functional Status Level Against Depression In Stroke Patients In Hospital Sidoarjo

Based on the table 5:17 shows that of all respondents in this study, amounting to 104 people, the majority of patients who can perform activities independently is 3 people (75%) did not have depression. Most patients who have mild dependence in activities 11 (68.8%) and experienced a moderate dependence in activities 43 (71.7%) experienced mild depression. Most patients who experience severe dependence in activities as much as 14 patients (63.3%) and experienced a total dependence in activities 2 (100%) had major depression.

One of the factors of depression in stroke patients is a functional disorder. At the time of

ischemia in the brain there are some inability to perform certain physical functions, such as moving the limbs specific, so that patients feel inadequate and feel helpless. Patients react with anger against the loss events are then directed to themselves, causing a decrease in self-esteem and depression (Bramastyo, 2009: 34)

Results of research conducted by the researchers found that, the more severe a person's level of dependence on increasingly strenuous activity the level of depression. From interviews conducted by researchers of patients who had a total dependency to feel angry and frustrated with the situation that is not powerless. Patients lose the things he used to do so he felt useless. Just like other diseases as a result of chronic, stroke brought about changes in the life and person. It also resulted in the acceptance of change reflected in the behavior of individuals. The behavior of self-denial in conditions that usually arise as a result of a stroke, for example, patient embarrassment met the others, refuse treatment or doctor's advice, not confident, self-blame, feeling worthless, feeling worthless. In addition the patient becomes easy sad, irritable and easily upset. If the acceptance of one's self is low, it will have an impact on mental health that would trigger the onset of disease and mental disorders such as depression (Lubis, L, 2009: 123).

Conclusion

Based on the research that has been conducted by researchers at the Hospital Sidoarjo can be concluded that the functional status affects the level of depression in stroke patients . The greater disruption of functional status the greater the degree of depression . In addition to functional status , are other factors that affect marital status , income and education of the patient affect the level of depression in patients

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