

Abstrak

HUBUNGAN KECERDASAN SPIRITUAL DAN KECERDASAN EMOSIONAL DENGAN *SELF-CARE* LANSIA PASCASTROKE NONHEMORAGIK DI KLINIK SARAF RSUD PROF. DR. MARGONO SOEKARJO PURWOKERTO

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Latar Belakang: Stroke bukan hanya berdampak pada fisik dan emosional pasien, tetapi juga pada keluarga. Oleh karena itu, kemampuan *self-care* merupakan hal yang dapat diandalkan dalam perawatan. Meskipun demikian dampak emosi dan spiritual mungkin berkaitan dengan kemampuan *self-care* pasien. Penelitian ini bertujuan untuk menganalisis hubungan kecerdasan spiritual dan kecerdasan emosional dengan *self-care* lansia pascastroke nonhemoragik.

Metodologi: Penelitian ini menggunakan rancangan *cross-sectional study*. Lokasi penelitian di Klinik Saraf RSUD Prof. Dr. Margono Soekarjo pada bulan November 2023. Total 107 lansia pascastroke nonhemoragik dipilih menggunakan teknik *consecutive sampling* berpartisipasi dalam penelitian ini. Instrumen yang digunakan untuk mengukur kecerdasan spiritual adalah *The Spiritual Intelligence Self Report Inventory (SISRI)*, *Emotional Intelligence* untuk mengukur kecerdasan emosional, dan *Barthel Index* untuk mengukur kemampuan *self-care*. Uji hipotesis menggunakan uji Rank Spearman, uji Mann-Whitney, dan uji Kruskal-Wallis.

Hasil penelitian: Lansia pascastroke nonhemoragik sebagian besar berjenis kelamin laki-laki dengan usia lansia pertengahan yang memiliki status gizi normal dan dukungan keluarga baik dengan tinggal bersama suami/istri dan anak walaupun mayoritas memiliki tingkat pendidikan terakhir SD. Sebagian besar lansia mengalami stroke pertama dengan lama stroke >2 tahun dan memiliki komorbid utama hipertensi. Mayoritas responden memiliki tingkat kecerdasan spiritual dan kecerdasan emosional sedang, sedangkan kemampuan *self-care* cukup tinggi. Perbedaan rerata *self-care* berdasarkan karakteristik responden tidak menunjukkan adanya variasi kecuali pada variabel status gizi dan tingkat keparahan stroke. Hasil uji korelasi menunjukkan kecerdasan emosional terdapat hubungan bermakna dengan *self-care* lansia pascastroke ($p = 0,016$), sedangkan kecerdasan spiritual tidak terdapat hubungan bermakna dengan *self-care* lansia pascastroke ($p < 0,001$).

Kesimpulan: Kecerdasan spiritual tidak berhubungan dengan *self-care* lansia pascastroke nonhemoragik sedangkan kecerdasan emosional berhubungan dengan *self-care* lansia pascastroke nonhemoragik

Kata kunci: kecerdasan emosional, kecerdasan spiritual, *self-care* lansia pascastroke

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Abstract

THE RELATIONSHIP BETWEEN SPIRITUAL INTELLIGENCE, EMOTIONAL INTELLIGENCE, AND SELF-CARE AMONG NONHEMORRHAGIC POST-STROKE ELDERLIES AT THE NEUROLOGICAL CLINIC PROF. DR. MARGONO SOEKARJO HOSPITAL, PURWOKERTO

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Background: Stroke not only has a physical and emotional impact on the patient but also the family. Hence, the ability to self-care is something that can be relied on in maintenance. However, the emotional and spiritual impact may be related to the ability of a self-care patient. This research aims to analyze the relationship between spiritual intelligence, emotional intelligence, and self-care among non-hemorrhagic post-stroke elderlies.

Methods: This research uses a design cross-sectional study. The research location is at the Neurological Clinic of Prof. RSUD. Dr. Margono Soekarjo in November 2023. A total of 107 elderly people after non-hemorrhagic strokes were selected using consecutive *sampling* and participated in this research. The instruments used to measure spiritual intelligence are *The Spiritual Intelligence Self Report Inventory (SISRI)*, *Emotional Intelligence* to measure emotional intelligence, and the *Barthel Index* to measure the ability to self-care. Hypothesis testing uses the Spearman Rank test, Mann-Whitney test, and Kruskal-Wallis test.

Result: The majority of elderly people following non-hemorrhagic stroke are middle-aged men who have normal nutritional status and good family support by living with their husband/wife and children, although the majority have at least an elementary school education. Most elderly people experience their first stroke with a stroke duration of >2 years and have the main comorbidity of hypertension. The majority of respondents have a moderate level of spiritual intelligence and emotional intelligence, while the ability to self-care is high enough. The mean difference in self-care based on the characteristics of the respondents did not show any variation except in the variables of nutritional status and stroke severity. The correlation test results show that emotional intelligence has a significant relationship with self-care post-stroke elderly ($p = 0.016$), while spiritual intelligence has no significant relationship with self-care post-stroke elderly ($p < 0,001$).

Conclusion: Spiritual intelligence is not related to self-care for non-hemorrhagic post-stroke elderly, while emotional intelligence is related to self-care for non-hemorrhagic post-stroke elderly.

Keywords: emotional intelligence, *self-care* post-stroke elderly, spiritual intelligence.

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