

## Family Centered Nursing Care (Fcn) Model In Snh (Non-Hemorrhagic Stroke) Patients

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### ABSTRACT

The process resulting from chronic diseases is the inability to carry out activities independently and freely, so a caregiver who provides a series of treatments is needed. The optimal role of caregivers requires an appropriate approach to improve these abilities. One model that can be applied to caregivers of stroke patients is family-centered care. The FCC model applied to stroke patients can build a system of collaboration, focus on the strengths and sources rather than the weaknesses of the family, recognize the family's expertise in caring for patients, build empowerment rather than dependence, increase more information sharing with patients, caregivers and health services than information only known to professionals, create flexible and non-rigid programs. This study aims to develop an FCC model for caregivers who treat stroke patients at home and can be used as a guide by nurses and caregivers in treating stroke patients at home. This research design is action research, which consists of the stages of the survey, planning, acting, observing, and reflecting. The data collection method was carried out through FGDs, the distribution of questionnaires, and the observation of participants. The participants who contributed to this study were 31 caregivers of stroke patients—data analysis using quantitative and qualitative methods. Qualitative data were obtained through FGD results and observation results. In contrast, quantitative data was collected through the dissemination of FCC questionnaires, assessing the swallowing status of stroke patients, and observing results were analyzed using descriptive statistical tests. This research has produced an FCC Model, a reference in treating stroke patients with dysphagia disorders. It positively impacts increasing skills, the ability to practice swallowing, and assessing swallowing ability in treating stroke patients with dysphagia disorders. Another impact of developing the FCC Model at the Center is that caregivers can apply FCC values when treating stroke patients with dysphagia.

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### 1. Introduction

As a result of the Global Burden of Disease (GBD), 2013, young adults (20-64 years) as many as 31% of stroke incidences occurred globally. A systematic review of literature on stroke in young adults (20-64 years) shows that strokes are experienced at a younger age than 45 years, unlike before, with a standard incidence rate ranging from 8.7-21.0 per 100,000.

This is evidenced by changes that occur in lifestyle factors such as unhealthy diet, high sugar, high salt, processed foods, smoking, alcohol intake, drug consumption, and decreased levels of physical activity that have caused increased exposure to risk factors in young adults (1)

Stroke in ASEAN Countries (Association of South East Asian Nations) is a significant health problem that causes death. The rate of stroke in Malaysia is 8.4% (2) Brunei Darussalam is 5.8%, the Philippines is 0.9

The results of the Basic Health Research (Riskesdas) of the Ministry of Health of the Republic of Indonesia (Kemenkes RI, 2013) show that there has been an increase in the prevalence of stroke in Indonesia by 8.3 per mile (in 2007) to 12.1 per mile (in 2013). The prevalence of stroke is highest in North Sulawesi (10.8 per mile), Yogyakarta (10.3 per mile), Bangka Belitung (9.7 per mile), and DKI Jakarta (9.7 per mile). Several studies found that the rate of stroke disability reached 65%. The Life Expectancy (UHH) of Indonesia's population reached 70.7 in 2008, and the elderly population is estimated to get 38% of the total population by 2025.

An aging process will follow this condition in the brain and nerve tissue that is not treated early. It will trigger several problems, namely impaired cognitive function, movement, and balance disorders (3).

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Stroke has a broad impact on sufferers, such as cognitive impairment due to cerebral innervation disorders (4); post-stroke patients still experience sequelae such as loss of motor function (hemiplegic), impaired speech ability (dysarthria), impaired perception, impaired cognitive function, and psychological effects, or bladder dysfunction, even patients go home in a state of total bed rest.

The treatment provided to stroke patients must be carried out continuously, and this treatment aims to improve the condition of stroke patients. The risk of recurrent stroke attacks decreases without complications or sudden death. Nurses need to assess the needs of patients in-home care so that care can be carried out optimally by the family and the patient themselves at home continuously to achieve top physical condition (5).

Research conducted by Oliveira et al. (2013) on stroke patients in Brazil said that 73.8% total dependence on basic daily living (BADL) activities and 80.3% on instrumental activities of daily living (IADL). The process resulting from chronic diseases is the inability to carry out activities independently and freely, so a caregiver who provides a series of treatments is needed. To ease the work of caregivers in practicing tasks in the prevention and complications of diseases requires the role and cooperation between nurses and caregivers.

The roles of caregivers include maintenance, decision making, providing care for family members who are sick or unable to help themselves due to disability, bringing stroke patients to health care centers, and maintaining health (6). The FCC model has the advantage of increasing caregiver engagement, assessing the ability to handle new roles, and facilitating caregivers to access needed information (7).

For example, encouraging collaboration and partnerships between patients, families, and health care providers in connection with the assessment, intervention, implementation, and evaluation of health services (8).

The phenomenon in the field includes caregivers facing difficulties dealing with complications of the disease and treatment problems related to emergency conditions during home care. The most common stroke patients complaining of health problems are constipation, cough, fever, skin problems, cognitive impairment, and gastrointestinal bleeding. Caregivers often reveal difficulties in dealing with these complications (9). Caregivers of stroke patients face significant challenges because they go through 3 stages of crisis trajectory: the time of the stroke crisis, the hope of recovering, and getting out of the crisis period.

The research results (9) as caregivers through the phases of the disease journey do not have a good understanding of the role they perform, and they do not have the preparation to perform the essential tasks in meeting the needs of stroke patients at home.

Caregivers said they don't understand their roles and duties, so caregivers are less skilled in treating patients with red-red skin disorders caused by too much bed rest and lack of personal hygiene, patients often have coughs, food, and saliva flow, and stroke patients often experience constipation while at home.

Caregivers said they are not equipped with basic ways to treat stroke patients at home, and caregivers are also not independent in making decisions to deal with problems that arise when treating at home.

## 2. Method

The research type used in this study is qualitative with an action research (AR) approach. This study involved the active participation of participants in deciding on and treating stroke patients at home so that it would have an impact on increasing the independence of these patients. Action research consists of four stages: surveillance, planning, action and observing, and reflecting (10).

Action research also allows for collaboration between researchers and participants and focuses on naturalistic and humanistic approaches (11).

An action research approach requires a researcher not only to collect information or knowledge about specific situations but is also expected to help improve the situation encountered at the time of research (12).

## 3. Result and Discussion

### The demographic character of participants

Studying individuals in developing a family-focused care model for caregivers caring for stroke patients at home is a caregiver at the sanatorium painting site. Contributors with an excess of faculty education levels were 7 people (46.7%), nanny age levels were 21–30 years old, 6 people (40%), and the marital status of unmarried caregivers were eight people (53.3%), and the caregiver's career became unbiased. Employs 11 people (73.3%).

### How to develop a model of the circle of target relatives Caregivers for Caregivers who care for stroke sufferers at home around the workplace

How to grow your family-targeted care model can be defined in eight levels of movement research studies. In the first stage of the survey, this level explains everything from the technique to those fascinated by the research area to be complex to study. This stage can also be called the early stage of looking around. The second to eighth degrees describe three cycles of study of lecture hall motion ranging from planning, motion, and commentary and mirror image ranges.

## Circulation 1

### Stage 1: Reconnaissance

Surveillance levels were completed to achieve statistics on (1) participants' views on family-focused care in treating stroke sufferers in the household, (2) the popularity of swallowing features in stroke patients, and (3) the application of family-centered care for dysphagia stroke patients at home. To obtain the data, researchers conducted FGDs and distributed treatment questionnaires focused on circles of relatives and assessed the reputation of swallowing stroke patients with swallowing disorders. The outline of the level of surveillance is as follows:

#### Members' views on the circle of relatives focused on caring for stroke sufferers at home

Researchers performed a focus organization discussion (FGD) technique at the reconnaissance level. FGD is divided into 2 classes: the nurse class and the nanny period. The FGD was conducted in the Health Center room in several stages at the work spoiler at 12.00.

FGD is carried out for forty-60 minutes. From the results of the FGD conducted by researchers in 2 sessions, 10 topics were found, namely the circle of relatives as a common element, facilitating family cooperation, growing one's family strength, adding complete information, creating a guiding company, utilizing medical devices, enforcing appropriate guidelines and programs, demonstrating design. Treatment. Health care, the limitations encountered in the usefulness of self-focused care, and techniques for imposing family-focused supervision.

#### Reputational evaluation of swallowing features in stroke patients

The consequences of disseminating questionnaires to assess the fame of drinking stroke patients with the help of caregivers as many as 15 caregivers (100%) resulted in the popularity of the swallowing characteristics of home-treated stroke patients in the area of operation.

#### Implementation of family-centered care in stroke patients with dysphagia in the household

The distribution of family-centered care questionnaires to caregivers of stroke patients with dysphagia in households showed that as many as 12 people (eighty%) felt less. As many as three people (20%) felt enough. To implement targeted care for their own families. In caregivers of stroke patients with dysphagia at home.

At the level of surveillance that has been carried out, several problems have been found related to the family-targeted care model for caregivers who treat stroke patients at home. Many issues arise at several stages at the surveillance level, including 1) there is no relatively centralized circle of care hobbies in health facilities and 2) there may not be a format to assess the popularity of swallowing and the recommended practice of swallowing

The problems found in the reconnaissance stage become a reference for planning activities carried out in the 3 cycles of the action research stage. A family-centered care model for caregivers who treat stroke patients with dysphagia disorders is developed with an action research approach through 8 steps. At each stage of action research, researchers carry out several activities (1).

### Stage 2 Role

The strategic planning stage is second-level research to refine the tentative guidelines of swallowing exercises and reputation assessment of dysphagia. The development of a tentative suggestion of physical activity and evaluation of the reputation of swallowing can be a principle for caregivers in applying self-centered caregivers who treat stroke patients with dysphagia at home. Related to this study, researchers made plans to be achieved, in particular, 1) socializing the study program and the effect of collecting statistics to nurses and caregivers at puskesmas, 2) forming groups to develop a family-focused version of caring for nurses who care for stroke. Patients are dysphagia in the household, and 3) pre-convention.

### Stage 3: Action and observation

The exercises completed at this level are: 1) gathering with puskesmas structural officials and explaining the flow of research, 2) forming a team to cultivate an assessment of swallowing fame and swallowing practice instructions, and 3) socialization and implementation of relative-centered nursing care, with the help of nurses and caregivers.

### Stage 4: Reflecting

Evaluation of the research activities of the cycle I research to improve the family-centered care model for caregivers treating stroke patients with dysphagia in the household where the team and researchers carried out the run that 1) throughout the primary cycle of development of a family-focused model of care for caregivers caring for stroke patients with dysphagia at home, it was found that the entire process of formulating the reputation evaluation format of swallowing, ingestion of practice guidelines and socialization goes accordingly.

**Benefits of the family-centered care application**

FGD activities carried out on puskesmas nurse contributors, obtained various benefits that were felt, especially prioritizing family, collaboration on gadgets, involving families, saving prices, renting, controlling patient conditions, patients no longer seeking treatment, being able to carry out treatment at home, capital skills taught, confidence, cooperation, sharing information, no need to go back and forth in hospitals, caregivers better understand, empower caregivers, be able to educate sufferers stroke at home, the family is able to be independent, the family knows the fulfillment of the patient , builds the right relationship, eases the workload of the nurse, there may be pride, reduces pain in the sufferer, the ultimate goal is achieved, excellent service, the clueless individual becomes aware, limits the conflict, clarifies the problem, makes it easier to offer nursing offers, enters information, the sufferer becomes enthusiastic, liked, mobile ed for , adjustments to the patient without delay Insight, he is the one who was exposed to the favor.

**Advantages of the family-centered care application**

Benefits of supporters in imposing care that focuses on the circle of relatives, including nurses, caregivers, and patients. The auxiliary elements of the implementing nurse are recognizing the problems faced by the caregiver so that cooperation between families and stroke sufferers is established, the formation of evaluation of swallowing exercises, the construction of drinking practice guides, and the content of consuming exercise guides according to the instructions. NIC and NOC, Supporters of caregivers, are enthusiastic about patient coaching, confident in educating sufferers, cooperative caregivers, fostering a reciprocal relationship between caregivers and nurses, and the satisfaction of caregivers because they have been taught the physical game of swallowing.

**Disruption of the family-centered care application process**

The implementation of care centered on the circle of relatives at some point of its performance experienced various obstacles, in particular household use of traditional medicine, attacks of multiple diseases, loss of focus of the affected person, time, busy caregivers, and lazy patients. , the sufferer is spoiled, embarrassed to ask questions, incapable of totality, difficulty in exchanging facts, tired of worrying about the patient.

**Outcome action research**

The motion study techniques have produced several results, including the education of the assessment of the fame of swallowing and the guidance of the practice of consuming by including the hierarchical values of basic human needs, according to Abraham Maslow. Evaluation of the reputation of eating and rudder on the physical game of swallowing makes it easier for nurses to deal with stroke patients with swallowing disorders, so nurses are skilled at using them in a disciplined manner.

Additives from the evaluation of the fame of swallowing and the practice guidelines of eating are mixed from Maslow's recognition of the hierarchy of primary human needs to satisfy the bio-psycho-socio-cultural desires of patients. which combines an order of 5 primary human desires, in particular: 1) physiological desires, 2) desires for protection and security, three) needs of love and possession, and four) desires, 5) requirements of self-actualization. This has been explained by the work steps of swallowing reputation assessment and swallowing exercise instructions, so it is hoped that the Puskesmas can use these guidelines in treating stroke patients with dysphagia at home.

The action research process carried out at the Puskesmas has produced several outcomes, such as the preparation of an assessment of swallowing status and guidance on eating exercises by combining the values of the hierarchy of basic human needs according to Abraham Maslow in it. Swallowing status assessment and swallowing exercise guidelines make it easier for caregivers to treat stroke patients with eating disorders, so caregivers are trained to apply them in the field.

The components in the assessment of swallowing status and the guidance of eating exercises are combined from Maslow, which focuses on the hierarchy of basic human needs so that the patient's bio-psycho-socio-cultural is met. This includes 5 scales of basic human needs, namely: 1) physiological needs, 2) needs for security and safety, 3) the need to love and possess, and 4) the need for self-esteem, 5) the need for self-actualization. These components have been elaborated with work steps in assessing swallowing status and swallowing exercise guidelines, so it is hoped that puskesmas can use this guide to overcome stroke patients with dysphagia at home.

Table 1 Contributors Perspective, The Scout-Level FGD Subject Matrix, Is Roughly Centered On The Circle Of Caring Relatives

No	Theme	Category
1	Family as a constant element	1. Families who know the patient's condition

		2. Families who know the patient's progress and progress
		3. The family who always accompanies the patient
2	Improving family strength	1. Increase family knowledge 2. Self-sufficient 3. Confident family
3	Complete information	1. A guidebook accompanies information on how to train patients.
4	Support groups	1. The family supports the patient.
5	Benefits of the health care system	1. Quick healing 2. Train your family 3. Families know caring for patients 4. Collaborate 5. No need to call a therapist 6. From the uninitiated to the knower 7. The science is increasing 8. Thrifty 9. Patient Spirit 10. Quickly improves
6	Implement appropriate policies and programs	1. Assessment format 2. Practice Format Swallowing Guide
7	Showing health care design	1. Flexible 2. Responsible 3. Responding to the patient's condition 4. Collaborate 5. Lack of information
8	Obstacles encountered	1. Collaborate 2. Lack of information 3. Lack of knowledge
9	Strategy	1. How to help 2. Skill 3. Ability 4. Supported 5. Foray into the field 6. Fostering, training 7. Complete procedure 8. Book 9. visit

Table 2 FGD Theme Matrix Reflection Stage Participant Perspectives On Family Centered Care

No	Theme	Category
1	Benefits of family-centered nursing	1. useful for patients 2. improving the family 3. collaboration system 4. Cost-effective 5. control the patient's condition 6. can take care at home 7. Confident 8. Collaborate 9. Information Sharing

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10. Independent families

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|---|---|---|
| 2 | Advantages of applying family-centered nursing care           | 1. The formation of the study of swallowing exercises<br>2. Caregivers are more confident<br>3. Fostering trusting relationships<br>4. Get closer to family |
| 3 | Obstacles or obstacles in the family-centered nursing process | 1. Families use traditional<br>2. Complications of the disease<br>3. Time<br>4. It can't be the totality<br>5. Embarrassed to ask                           |
- 
6. Difficulty exchanging information

**Discussion**

**Action study Execution procedure**

The formation of the circle of fostered relatives starts from the supervision stage and continues with the rotation of fostered relatives, such as making plans, movements, observations, and mirror images. Research with this motion research technique can be completed very well to improve tests and swallowing exercise instructions for stroke sufferers because it can empower members and generate new information to make better changes. As described in paragraph (13), this study produces expertise, performs actions, and awakens consciousness to take turns. According to (14), the study of the research movement may be very appropriate for those who need to improve performance or, in addition to institutions that hope to improve joint performance.

The action study approach can be very well achieved to develop swallowing status exams and swallowing exercise suggestions because it can empower contributors, generating new skills. The research implications of the action study will make a broad contribution to scientific practice, mainly based on findings that replicate the facts of a medical trial carried out by the researcher concerning the scientific environment (15).

An improved version of family focus care itself that generates an assessment of the reputation of swallowing and the guidance of eating exercises is carried out by the researcher, a form of action study carried out using researchers from the surrounding environment (insider action studies) that without problems can affect the exchange (16). that is, according to research (17), achieved rehabilitation of stroke patients through applying caring principles.

This study aims to develop an evaluation of swallowing status and suggestions for eating exercises. A series of exercise action studies in 3 cycles in 8 stages were achieved to produce outputs in this study. The implementation of the motion study evaluating the development of swallowing status and the suggestion of swallowing exercises lasted for 20 weeks with three cycles and 8 spans. The study duration of movements varies from 1 to forty-eight months (18). Action research has drawbacks and is challenging because it takes a long time (19). According to (20), novice action research researchers should not take too long because it will be challenging to maintain commitment and evaluate research development. The study of the evaluation of the fame of swallowing and the result of the physical activity of eating.

Before the action research cycle is completed, the researcher conducts a reconnaissance stage, which aims to find the researcher's technique to find the right research problem. The researcher's approach to land can be decisive in finding the right research problem. The participants' trust was maintained with the help of the researcher through a comprehensive engagement approach, in which the researcher personalized the method over about 6 years.

In the long term, this technique will get a high agreement between the researcher and the participant so that the researcher and the individual have a long-term date that becomes closer, more open, and considerate. In step (21), the extended engagement method shows that the study meets credibility criteria that refer to the truthfulness of the information and the interpretation of facts. Qualitative researchers should strive to establish confidence in the validity of the findings for the members and the context of the study.

In the surveillance stage, researchers conducted FGDs with nurses and caregivers with the player's perspectives in caring for their own families in the clinic.

The researchers also distributed questionnaires to assess the reputation of swallowing and family-targeted self-care to nurses and stroke patients at home to see how much nurses perform family-centered care. According to (21), statistical resources can be collected through awareness organization discussions and records of affected persons. The information obtained from the FGD will be compared with different factual assets, particularly surveys on the provision of upbringing focused on the circle of relatives so that different perspectives are acceptable and can find the necessary techniques to enrich the tradition of study placement.

In the planning stage, researchers carried out several activities, including the socialization of the study program and the consequences of collecting surveillance records for nurses and caregivers, planning regular meetings 3 times with the team to improve the evaluation of swallowing reputation, and direct swallowing exercise.

Event. and conducting an initial conference. That is, according to the opinion (22) and the reasons why the researcher wants to cooperate with business people in this activity, the regular reporting of sports routes can imitate the unique characteristics of this settlement. Researchers and individuals can have twin roles and responsibilities. However, this may change during the activity. It is crucial to establish initial guidelines beyond efforts to save you from conflicts of interest and avoid threats to personal or occupational prerogatives so that improvements can be made in line with it. Want. (23) explain that at the planning stage, the researcher plans tentative or temporary movements and is flexible to changes according to the situation of the participants.

This follows the opinion (eleven) that the factors determining the success of the movement research are building a commitment between the researcher and other human beings, a routine schedule of reporting the course of activities, expectations, and the integrity of the research methodology.

At the level of performance and comments, the researcher carries out all the plans that have been planned, as stated through (24). At the implementing level, the researcher carries out the activities scheduled for the strategic planning stage. It begins with a meeting with the leadership of the medical institution. Much mentioned regarding the research plan and concrete steps to be taken to guide the research activities to be carried out, consisting of forming a team to formulate a reputational evaluation of swallowing and tips on consuming practices. The evaluation format is primarily based on a combination of standard Nursing Intervention (NIC) classes and Nursing outcome categories (NOCs) that have a well-known nursing plan (25).

To complete the layout of the evaluation of the reputation of swallowing and the suggestion of consuming practice in the RS, the drafting team also used Maslow's basic theory of desire so that the five levels of primary human needs can be defined in the idea of evaluating the fame of swallowing and swallowing. Exercise instructions. Maslow's contribution was invaluable for developing functional and effective strategies for the primary human desires. According to Maslow, the main human desires are applied in nursing methods in evaluation, planning, implementation, and evaluation. Maslow's hierarchical lifestyle allows knowledge of the relationship between basic human desires and determining priorities among these basic needs.

Maslow's hierarchy describes the five stages of primary human desires, specifically physiological desires, desires for security and safety, desires for love and belonging, needs for self-esteem, and desires for self-actualization. Maslow's 5 hierarchical needs are mixed according to the standards for assessing the reputation of swallowing and the intervention of consuming status. Before the function drama's finalization, the swallowing status assessment and eating practice guidelines were revised, especially regarding grammatical redactions that contributors no longer understood.

The statement stage is reached simultaneously when members apply the layout or role-playing games. To aid observations, researchers used a checklist format to be more objective in assessing individuals using swallowing popularity tests and tips on consuming practices when treating stroke sufferers. This corresponds to being responsive, critical, and sensitive to surprises.

Phase 4 (reflecting) cycle 1 studied the study of the movement of improving the family focus care model carried out with exercises, especially comparing the completion of cycle 1, conducting conferences, and conducting socialization activities for family circle focus care for caregivers who treat stroke patients in hospitals in Indonesia. At the stage of mirror imagery, according to (25), reflection is an attempt to recognize the techniques, problems, problems, and limitations contained in strategic actions, which take into account the different components of the perspective of the scenario in an attempt to appear. Reflection is evaluative in thinking about one's experiences and assessing the movements to be taken.

### **Family Centered Care Model Development Outcomes**

The three-cycle research method of motion research has seen noticeable changes, and the changes are: 1) the formation of a family-centered version of the treatment development group for caregivers treating stroke patients, 2) has resulted in a format of swallow fame assessment and swallowing exercise suggestions.

The consequence of action research on improving parenting models in circles of relatives targeted at caregivers caring for stroke patients suggests that Maslow's primary hierarchy of desire contributes to caregiver behavior in worrying stroke sufferers in the household. The order of simple human desires can understand customers' wishes at all levels of hunger so that during the development of a nursing plan, the nurse must include interventions to satisfy simple human desires. The extent to which nursing schools are effective in enforcing interventions.

This follows the opinion (25) that the results of qualitative and quantitative analysis seen in this study had a positive impact on nurses' ability to teach caregivers to assess swallowing status and swallowing exercises in stroke patients with dysphagia disorders.

This is due to the increase in knowledge and self-confidence of nurses so that it becomes capital to improve the professionalism of nurses, and caregivers are independent and confident in caring for stroke patients with dysphagia disorders at home obtained from nurses families of ICU sufferers have a hierarchy of special needs, as defined by Maslow. Further studies are desirable on the effectiveness of the Family Needs Meeting Inventory (CCFNI/NMI) of self-care, which is essential in measuring the effects before and after family-centered interventions on patients' self-care.

#### 4. Conclusion

The researchers used a motion study design to develop a family-targeted version of care for caregivers caring for stroke sufferers with dysphagia in the household. The lecture hall movement study software, when compiling surveillance results, namely family-targeted care, is an evaluation of the popularity of swallowing and steering in eating sports activities that have improved the ability to swallow stroke sufferers with dysphagia in the country. I am starting with a level of surveillance aimed at gaining thematic attention in the placement of studies. The next stage is continued with the research cycle of actions such as the planning stage, motion, commentary, and mirror image.

At the strategic planning stage, researchers plan with individuals in a plan to improve a family-centered version of care for caregivers caring for stroke patients with dysphagia at home. At the action stage, researchers and participants conducted sports socialization on family-targeted care, role-playing, and schooling to train caregivers on assessing swallowing reputation and directing swallowing exercises.

The following method performs a commentary stage to assess an individual's ability using swallowing popularity evaluations and swallowing exercise instructions. The last level carried out is a mirrored image level to evaluate movement research techniques, with an FGD approach that aims to discover contributors' perspectives after the existence of family focus care software for caregivers who treat stroke patients with dysphagia at home.

The consequences of the qualitative and quantitative evaluation seen in this study had a good impact on the potential of nurses to train caregivers and self-caregivers in assessing the fame of swallowing and physical activity of consuming in stroke patients with dysphagia problems. This is inseparable from the breadth of knowledge and confidence of nurses so that it becomes capital to improve the professionalism of nurses and caregivers who are independent and guaranteed in treating stroke patients with dysphagia at home are received from nurses in-network hospitals.

Based on the results of studies conducted by researchers, the general difference between sports activities before swallowing is 41.84 and 87.84 after consuming sports activity in stroke patients with eating problems. And the results of a study conducted by the researchers found that the average difference between earlier family self-care software changed to 46, 71, and 149.32 after using relative-centered treatments in swallowing stroke survivors. Annoyance.

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