(RESEARCH ARTICLE)

Internal family coping strategy according to pearlin and schooler theory on members family of stroke sufferers

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Abstract

Introduction: Stroke is a primary neurologic problem in the world, stroke is a disease-causing cause of death, with an 18% to 37% mortality rate for the first stroke and 62% for subsequent strokes.

Objectives: A stroke occurs due to blood vessel disorders in the brain, which can be clogged or broken blood vessels in the brain that can do to nerve cell death.

Methods: The purpose of this research is to analyze the internal family coping strategy according to Pearlin and Schooler's theory on a family member of a stroke patient in at Inpatient Room of RA.Basoeni General Hospital of Mojokerto Regency. Based on the purpose of the research, the research design used is descriptive research design is research that aims to explain the important events that occur on time now, done systematically and more to emphasize factual virtues rather than inferences. The population in this study were all families of patients with family members of stroke patients in the Inpatient Installation of the House Sick General Area RA. Basoeni district Mojokerto with the amount or the number of samples is 96 people.

Results: In research, this sample amounted to 34 respondents. The majority of respondents use the internal family coping strategy of Pearlin and Schooler's theory with Normalization coping, which is as much as 65 points (95,8%).

Conclusions: Results research expected families could use effective coping use face up problems family in looking after family members suffering from a stroke.

Keywords: Internal Family; Coping Strategy; Stroke; Pearlin and Schooler Theory

1. Introduction

Family life is often faced with stimuli in the form of various life problems that come from both outsides and within the family environment. Some of these stimuli can become a stressor in the family, for example, there are family members who are sick, economic problems, social problems, and so on. Coping strategies function as important processes and mechanisms in carrying out tasks and families. According to Pearlin & Schooler, family coping strategies include two types, namely internal family coping strategies which consist of family abilities that unite so that they become integrated, and external family coping strategies related to the use of social support systems by families. Without an effective coping strategy, affective, social, economic, and family care functions cannot be achieved adequately (Andarmoyo, 2012). One example of a disease that can provide a stimulus to the family is a family with a family member

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suffering from stroke or cerebrovascular injury (CVA), which is a condition of loss of brain function due to the cessation of blood supply to parts of the brain (Brunner & Suddarth, 2002). Paralysis or physical disability in individuals with stroke will of course cause a separate burden on the family, effective coping strategies, especially internal family coping strategies, can be used as a family solution in dealing with ongoing family problems.

Stroke is a primary neurologic problem in the world, stroke is the third leading cause of death, with a mortality rate of 18% to 37% for the first stroke and 62% for subsequent strokes. There are approximately two million people who survive a stroke with some disability. , of that number 40% need assistance in activities of daily living (Brunner & Suddarth, 2002). While the data released by the Indonesian Stroke Foundation stated that stroke cases in Indonesia showed a tendency to continue to increase from year to year, in 2004, several studies in several hospitals found 23,636 hospitalized patients due to stroke. The results obtained are that stroke is the main killer among non-infectious diseases, especially among urban residents (Srikandi, 2009).

Based on data obtained at the RA Regional General Hospital Medical Record Installation. Basoeni, Mojokerto Regency, the number of stroke patients in the last three months (May 2017-July 2017) recorded 157 stroke patients without comorbidities. Based on pre-research data starting on August 21 2017 on ten families with a family member suffering from a stroke, it can be concluded that each family member uses at least four of the seven internal family coping strategies. In addition to using strategies for using humor, role flexibility strategies, and strategies for joint problem solving, it was found that many family members were unable to use strategies to control the meaning of the problem and normalization strategies. In terms of using the strategy of relying on family groups and the strategy of maintaining family ties is the most widely used family internal coping strategy.

1.1. Objectives

A stroke occurs due to disruption of blood vessels in the brain, which can be in the form of blockage or rupture of blood vessels in the brain which can cause nerve cell death. Impaired brain function will be a symptom of a stroke (Junaidi, 2011). This is at risk for the occurrence of neurologic deficits where damaged brain function cannot be fully recovered, including loss of motor function, loss of communication function, perceptual disturbances, impaired cognitive function, psychological effects, and bladder dysfunction (Brunner & Suddarth, 2002). it is a stimulus that can affect changes in family life. The role of the family in accepting the situation of the patient's condition is very influential, if the family lacks effective coping then the family will be in a dysfunctional situation that harms the family due to stroke which can lead to permanent disability and even death, with good coping, namely in relying on family groups, using humor, maintaining family ties, controlling the meaning of problems, solving family problems, it is hoped that families can control their family members and not make patients worse.

To continue to create a conducive atmosphere in the family the role of the family is very important, with a family coping according to Pearlin and Schooler (In Andarmoyo.2012) family members should have three things, namely normative coping responses including the first, changing stressful situations, namely by direct coping with tensions in life, for example, rushing the patient to the hospital. Both tactics control the meaning of the problem, this is obtained from the recognition and meaning of the experience to determine the extent of the threat posed by the experience, for example, if the patient is still recovering, the family must participate in maintaining the diet and other things that can support the stroke patient's health. The third thing is essentially a mechanism for accommodating and managing existing stress, in this case, it is not for dealing with the problem of the stressor itself, for example by accepting family members who are sick and may experience physical disabilities due to stroke.

2. Methods

This research is a type of descriptive research that aims to explain important events that occur in the present, is carried out systematically, and emphasizes factual data rather than conclusions.

2.1. Population

The population in this study were all families with members suffering from a stroke in the Inpatient Room of the RA Regional General Hospital. Basoeni, Mojokerto Regency.

2.2. Sampling and Sampling

A sample of families with members suffering from a stroke in the Inpatient Room of the RA Regional General Hospital. Basoeni, Mojokerto Regency, which met the inclusion criteria with a total sample of 34 people. With the purposive sampling technique a list of questions.

The questionnaire consists of 25 questions that have been adapted to Pearlin and Schooler's theory of seven internal family coping strategy points including relying on family groups (7 questions), using humor (2 questions), maintaining family ties (3 questions), controlling the meaning of problems (5 questions), solving family problems together (4 questions), role flexibility (2 questions) and normalization (2 questions). The questions in the questionnaire are not standard but have been tested for validity and reliability. In the first validity test, there were five invalid questions, then the validity test was repeated until all question items (25 questions) were valid.

3. Results

Table 1 Most respondents stated that family members became "strong" and learned to hide their feelings in mastering the tension within themselves, namely 29 points.

Controlling Family Groups	Question	Answer		Σ
		Yes	No	
Families rely more on family resources when experiencing stress	Positive	19	15	34
Assessing and seeing self-control, and independence is more important during times of illness	Negative	18	16	34
Family members become "strong" and learn to hide feelings in mastering tensions within themselves	Positive	29	5	34
Self-discipline among family members, in stressful situations	Negative	33	1	34
Coping response in terms of carrying out roles	Positive	17	17	34
Self-confident	Negative	8	26	34
Time management as a special coping response	Positive	11	23	34

Description: Question positive; Answer "yes" = 76; Answer "no" = 60; Question Negative; Answer "yes" = 59L; Answer "no" = 43;Total answers of respondents relying on family groups = 119 points

Table 2 Most respondents stated that in situations of tension and anxiety, members were able to take action to try to reduce the atmosphere by the human in communicating with their families, namely as many as 25 points.

Use of Humor	Question	Answer		Σ
		Yes	No	
In tense and anxious situations family members can take action in trying to reduce the atmosphere using humor, namely by occasionally incorporating elements of humor in communicating with family.	Negative	9	25	34
Family members seek small entertainment such as watching TV, through watching humor in the hope of reducing the tension and anxiety that is being experienced	Positive	22	12	34

Description: Question positive; Answer "yes" = 22; Answer "no" = 12; Question Negative; Answer "yes" = 9; Answer "no" = 12; Total answers of respondents relying on family groups = 47 points

Table 3 Most respondents stated that family members participated in shared experiences and family activities, namely as many as 33 points

Maintaining Family Ties	Question	Answer		Σ
		Yes	No	
Disclosure together between family members so that families become closer to each other	Negative	18	16	34
Families can maintain and cope with the level of stress in the family	Negative	26	8	34
Family members participate in shared experiences and family activities	Positive	33	1	34

Description: Question positive; Answer "yes" = 33; Answer "no" = 1; Question Negative; Answer "yes" = 44; Answer "no" = 24; Total answers of respondents who maintain family ties = 57 points

Table 4 Most respondents stated that they had optimistic beliefs and positive ratings, namely 34 points.

Controlling the Meaning of Problems	Question	Answer		Σ
		Yes	No	
Using mental mechanisms that control the meaning of the problem	Negative	13	21	34
Able to react in a realistic way (where the situation is viewed objectively, and assessed accurately)	Negative	4	30	34
Being able to react long (where the element of denial is defined and less stress is acquired)	Negative	15	19	34
Having optimistic beliefs and positive judgments as a coping strategy tends to see the positive side of stressful events, such as making positive comparisons, ignoring stressful aspects that are less important about the hierarchy of family values	Positive	34	0	34
Has a passive assessment, as a passive acceptance of the family	Positive	28	6	34

Description: Question positive; Answer "yes" = 62; Answer "no" = 6; Question Negative; Answer "yes" = 32; Answer "no" = 70; Total Respondents' answers that control the meaning of the problem = 132 points

Table 5 Most of the respondents said they were able to seek solutions based on logic, as many as 32 points.

Problem Solving Together	Question	Answer		Σ
		Yes	No	
Families can discuss existing problems together	Negative	25	9	34
Able to seek solutions based on logic	Positive	32	2	34
Reasonable problem solving	Negative	19	15	34
Able to reach a consensus on what needs to be done based on mutually sought guidelines	Negative	14	20	34

Description: Question positive; Answer "yes" = 32; Answer "no" = 2; Question Negative; Answer "yes" = 58; Answer "no" = 44;Total answers of respondents who use problem-solving together = 47 points

Table 6 Most respondents stated that family roles could be flexible or rigid, differentiating the levels of family functioning, especially in grieving families, namely as many as 21 points

Role Flexibility	Question	Answer		Σ
		Yes	No	
Within the functioning levels of the grieving family, role flexibility becomes important as a functional coping strategy	Negative	28	6	34
Family roles can be flexible or rigid, differentiating levels of family functioning, especially in bereaved families	Positive	21	13	34

Description: Question positive; Answer "yes" = 21; Answer "no" = 13; Question Negative; Answer "yes" = 28; Answer "no" = 6; The total answer of respondents using flexibility = 27 points

Table 7 Most respondents stated that the family had a response to illness and disability of family members, namely as many as 33 points.

Normalization	Question	Answer		Σ
		Yes	No	
Families can find ways to manage the disability of a family member	Positive	32	2	34
The family has a responsibility for the illness and disability of family members	Positive	33	1	34

Description: Question positive; Jawaban "yes" = 22; Jawaban "no" = 12; The total answer of respondents using = 65 points;

Table 8 The majority of respondents used Pearlin and Schooler's internal family coping strategies with Normalized coping, namely 65 points (95.8%).

Internal Family Coping Strategies Pearlin and Schooler Theory	Σ	Average
Rely on family groups	119	55
Use of humor	47	69.11
Maintain family ties	57	55.88
Controlling the Meaning of Problems	132	77,64
Problem-Solving together	76	55.88
Role Flexibility	27	39.70
Normalization	65	95.58

4. Discussion

The results of the study regarding internal family coping strategies according to Pearlin and Schooler's theory relying on family groups on family members of stroke sufferers at the Inpatient Installation of the Regional General Hospital RA.Basoeni, Gedge, and Mojokerto from 34 respondents with a total of 7 questions, consisting of 4 positive questions and 3 negative questions. In answering questions relying on family groups, it was found that respondents stated that family members became "strong" and learned to hide feelings in mastering tension within themselves, namely a total of 29 points.

Relying on family groups is when families experience pressure to overcome by becoming more dependent on their resources. Uniting is one of the most important processes in the storms of family life. Families make it through problems by creating structure and larger organization in the home and family. When families establish a larger structure, it is an attempt to have more control over their family. These efforts usually involve tighter member time scheduling, more tasks per family member, tighter bonding organizations, and more programmatic routines. Along with the tighter family boundaries, there is a need for regulation and control by the larger family members, along with the expectation that members will be more disciplined and adaptable. If successful, the family exercises greater control and achieves greater integration and cohesiveness (Friedman, 2010). Coping mechanisms have reactions that can be elicited, one of which is

a reaction that originates in ego defense, this reaction is used by individuals to deal with stressors which if used for a moment can reduce the level of anxiety, but if it lasts for a long time it can result in a disturbance of reality orientation, this coping operates unconsciously. . Several kinds of reactions originating from ego defense include compensation (weaknesses covered by increasing abilities in other areas to reduce anxiety), denying (denying reality by trying to say nothing happened), diverting (emotional diversion directed at objects or objects). harmless person), dissociation (loss of ability to remember events as they happened), intellectualization (exaggerated reasons or logic to suppress unpleasant feelings), rationalization (providing socially acceptable, apparently plausible reasons to justify one's guilt), repression (suppressing painful feelings or conflicts or memories from the awareness that tend to reinforce other ego mechanisms), suppression (suppressing painful feelings that are denied as they were communicated before), and sublimation (acceptance of socially acceptable substitutes for encouragement from expressions that hampered) (Rasmussen, 2009).

According to the researcher, the respondent's family being "strong" and learning to hide feelings in mastering the tension within themselves can be influenced by several factors, including the current situation in the family, namely the presence of a family member who has suffered a stroke, this is a pressure and a separate position for a family member. family so that it gives rise to coping. It's a tougher attitude to reduce tension. Another factor in terms of age, the average respondent has entered mid-adulthood, this age can be said to have a sense of responsibility in solving problems, especially problems in the family. Factors from the nuclear family, namely families who live in one house and in particular have blood ties, make the family a mainstay to be able to face family problems together and support each other.

The results of research on internal family coping strategies according to Pearlin and Schooler's theory in the use of humor in family members of stroke sufferers at the Inpatient Installation of the RA.Basoeni Regional General Hospital, Gedeg, Mojokerto Regency from 34 respondents with a total of 2 questions, consisting of 1 positive question and 1 negative question. In answering the question on the use of humor, it was found that respondents stated that in tense and anxious situations family members were able to use humor in communication, namely a total of 25 points.

According to Pearlin and Schooler, a sense of humor is an important family asset that can contribute to improving family attitudes toward problems and health care. Humor is also recognized as a way for individuals and groups to relieve anxiety and tension. Even though it is identified as functional, if humor is repeated to cover emotional expression and avoid problems, it can become dysfunctional (Andarmoyo, 2012). According to Walsh, humor is invaluable in overcoming suffering. Humor can not only support the spirit, but humor can also support a person's immune system in encouraging healing. Likewise, for the family, a sense of humor is an important aspect. Humor and laughter can be seen as self-care tools for coping with stress because the ability to laugh can give a person a feeling of power over a situation. Humor and laughter can support a positive attitude and hope instead of feelings of helplessness or depression in stressful situations (Friedman, 2010).

According to the researcher, the attitude of the respondent's family who can try to reduce the tense atmosphere using humor in communicating with family can be influenced by the current family conditions, especially for family members who are looking after or caring for sick families in the hospital, not much can be done and humor in communicating is the easiest way for families to get entertainment. In addition, the family considers that the current situation is not too burdensome in the family so humor is still needed by the family to reduce anxiety and boredom.

Internal family coping strategy according to Pearlin and Schooler's theory in maintaining family ties to family members of stroke sufferers at the Inpatient Installation of RA.Basoeni Regional General Hospital, Gedeg, Mojokerto Regency

The results of the study regarding internal family coping strategies according to Pearlin and Schooler's theory in maintaining family ties to family members of stroke sufferers Inpatient Installation at RA.Basoeni Regional General Hospital, Gedeg, Mojokerto Regency from 34 respondents with a total of 3 questions, consisting of 1 positive question and 2 negative questions. In answering questions between family members participating in shared experiences and family activities, that is, a total of 33 points.

According to Pearlin and Schooler, shared disclosure among family members is a way to bring families closer to each other and maintain and overcome stress levels, and participate in family experiences and family activities. Families with more shared disclosures result in stronger family bonds. Mutual disclosure between family members can be done in several ways including determining time together, getting to know each other, discussing problems together, designing a mature family project, developing rituals, playing together, telling stories when going to bed, and playing together. at the same time, make disclosures about work and life at school, and don't let there be a distance between him and his family. Disclosure of feelings and problems is very beneficial in reducing family tension. Strong family ties are especially

helpful when the family is having problems because family members need support. Family involvement in rituals is very meaningful and valuable for the family, this is a social process that occurs repeatedly and provides a shared definition of the world. Family leisure activities are also a source of a family coping to maintain moral bonds and family satisfaction. This coping strategy ultimately aims to build greater integration, bonding, and resistance within the family (Andarmoyo, 2012). The healthy-ill stage of the family, especially in the stage of the family's response to illness, including the family accepting the illness (marked by dependence on health workers, the desire to obey medical advice, and trying hard to recover), the acute response stage with adjustments that must be made immediately, illness serious or life-threatening results in a family crisis which can then become a stressor force response (Jhonson and Lenny, 2010). According to Friedman, the task of family health has certain ways to deal with health problems, failure to overcome them will result in illness or continuous illness, and the success of the family to function as a unit will decrease. In family health care, the words "cope well", are defined as the family's ability to carry out its health care duties. The task of family health is to recognize health development disorders of each family member (related to the ability of the family to recognize health problems [every family member has them]), make appropriate health action decisions, provide care for sick family members (if unable to help children due to disabilities or too young), maintaining a favorable atmosphere at home for the health and personality development of family members, maintaining reciprocal relationships between the family and other health institutions. This shows good utilization of health facilities (Awie, 2010).

According to the researchers, the family members of the respondents participating in shared experiences and family activities could be influenced by a sense of family responsibility towards sick family members, especially when sick family members are close relatives and live in the same house. This responsibility is in the form of the willingness of the family to take the time to look after and care for family members who are sick due to the inability to meet their needs due to weakness or paralysis by Stroke disease, actions that have been taken by the family, namely by learning and participating in actions to fulfill the needs of sick family members such as bathing, eating and toilet training as recommended by medical assistance.

The results of research on internal family coping strategies according to Pearlin and Schooler's theory in controlling the meaning of problems in family members of stroke sufferers at the Inpatient Installation of the RA.Basoeni Regional General Hospital, Gedeg, Mojokerto Regency from a total of 34 respondents with a total of 5 questions, consisting of 1 positive question and 4 negative questions. In answering the questions controlling the meaning of the problem, it was found that respondents stated that they had optimistic beliefs and positive judgments as coping strategies that tend to see the positive side of events that produce stress, namely a total of 34 points.

One of the main ways to find coping according to Pearlin and Schooler is to use mental mechanisms, namely controlling the meaning of problems, this can reduce or cognitively neutralize harmful stimuli experienced in the family. Interpretations made to events can make the difference between hyperreactive to a situation (where the family is experiencing tremendous stress), reacting in a realistic way (where the situation is viewed objectively, and accurately assessed), and overreacting (where an element of denial is present). and less stress is gained). Cognitive reformulation in the family in the family mental health literature is the most encouraging way to control the meaning of a stressor. Optimistic beliefs and positive judgments are coping strategies that can be chosen which tend to look at one side's positive aspects of stressful events, such as making positive comparisons, ignoring negative aspects, and making stressful events less important about the family value hierarchy. In reformulating the family and its members define the stressor event as a challenge that can be overcome. Families tend to use this response not only to alleviate a problem-ridden situation but to prevent potential problems from occurring. The second way the family controls the meaning of a stressor is by a positive appraisal, sometimes expressed as passive acceptance. The family uses a cognitive coping strategy to live through which can cause stress which will take care of itself from time to time when there is little or nothing to do for this. Passive assessment can be an effective strategy for reducing short-term stress in which in some cases nothing can be done, by passively accepting situations a family may tolerate more easily situations that are unavoidable and unchangeable. However, if the strategy is used consistently, its use will hinder active problem-solving and change in the family (Andarmoyo, 2012). Denial of family problems is a dysfunctional coping strategy that is often used, namely a defense mechanism used by family members and the family as a unit. On a short-term basis, family denial is often functional, as it allows the family to buy time to protect itself while gradually coming to terms with the painful event. But also lasts a long time, and denial is dysfunctional for the family (Friedman, 2010).

The results of the study regarding internal family coping strategies according to Pearlin's and Schooler's theory in solving family problems together at the Inpatient Installation of the RA.Basoeni Regional General Hospital, Gedeg, Mojokerto Regency from a total of 34 respondents with a total of 4 questions, consisting of 1 question positive and 3 negative questions. In answering questions on solving family problems together, it was found that respondents stated that they were able to seek solutions based on logic, namely a total of 32 points.

Solving problems together among family members is a family coping strategy that has been learned effectively and in natural situations. Focus on acceptable routines and distractions in family life. Joint problem-solving can be described as a situation where families can discuss existing problems together, seek solutions based on logic, and reach a consensus about what needs to be done based on mutually sought instructions, perceptions, and suggestions. Different. Families that use this type of problem-solving process are families that are sensitive to the environment, this type of family will see the nature of the problem outside and not try to make the problem an internal problem (Andarmoyo, 2012). Logic is a consideration of reason or thought that is expressed through words, regarding the conversation, or relating to expressions in the language (Rapar, 2003).

According to the researchers, respondents who were able to seek solutions based on logic could be influenced by the education level of the respondents, who on average were graduates of the high school level. In addition, the average age of the respondents is middle adulthood, it can be said that they already have the experience and knowledge to solve the problems they face.

The results of the research regarding internal family coping strategies according to Pearlin and Schooler's theory in the flexibility of family roles in family members of stroke sufferers at the Inpatient Installation of the RA.Basoeni Regional General Hospital, Gedeg, Mojokerto Regency from 34 respondents with a total of 2 questions, consisting of 1 question positive and 1 negative question. In answering the question of family role flexibility, it was found that respondents stated that family roles could be flexible or rigid, differentiating the levels of family functioning, especially in beneficiary families, namely a total of 21 points.

According to Olson and Walsh, role flexibility is one of the main dimensions of family adaptation. Families must be able to adapt to changes in development and environment. When the family manages to cope, the family can maintain a dynamic balance between change and stability (Friedman, 2010). The healthy-ill stage of the family, especially at the stage of adjustment or recovery from illness, includes serious and chronic illness of a family member (affecting deeply the family system, especially the structure of roles and the implementation of family functions), serious disability, centralization in the family unit, and the family has a supportive role during the healing and recovery period (Jhonson and Lenny, 2010).

According to the researchers, the roles of the respondent's family can be flexible or rigid, differentiating the levels of functioning of the family, especially in the grieving family, in this case, the respondent stated that the family can adapt to each other's activities so that they can carry out their daily tasks without constraints and assistance. from the other side. Factors that can influence the work of respondents who are on average self-employed make it possible that families can arrange a time to wait or care for sick relatives. In addition, the family can replace the role of sick family members, such as the father's duties as head of the family being replaced by the mother, while the child replaces the mother's role as caretaker (cooking, cleaning the house, and so on). The functioning of cooperation between family members that complement each other makes the family able to carry out their daily routines properly so that assistance from outsiders is less needed.

The results of the study regarding internal family coping strategies according to Pearlin and Schooler's theory in normalizing the families of family members of stroke sufferers at the Inpatient Installation of the RA.Basoeni Regional General Hospital, Gedeg, Mojokerto Regency from 34 respondents with a total of 2 questions, namely 2 positive questions. In answering the family normalization question, it was found that respondents stated that the family had a response to illness and disability of family members, namely a total of 33 points.

It is the tendency for families to put everything in order as much as possible when they are coping with a long-term stressor that tends to damage family life and household activities. The term "normalization" is used to conceptualize how families manage the disability of a family member. The term "normalization" was first used to describe a family's response to illness and disability. This coping strategy is often used in families who experience chronic pain (Andarmoyo, 2012). Functional family coping strategies can be in the form of a tendency for families to normalize as much as possible when they deal with long-term stressors that tend to interfere with family life and household activities. Normalization is an ongoing process that involves recognizing chronic illness but affirming family life as normal family life, emphasizing the social effects of having a member with chronic illness to a minimum, and engaging in behaviors that demonstrate to others that the family is normal. This helps the family deal with stress and increases the sense of need over time, which is very important for normalizing the family situation (Friedman, 2010). According to Alice and Maureen regarding helping behavior, the gender role of women in helping the development of helping behavior is more in the form of nurturing and caring attitudes, while the male gender role is more in helping behavior in situations that are considered dangerous and situations where men are more in helping behavior in situations which are considered dangerous and situations where men are competent to help (Santrock J.W., 2003). Several studies have shown that

children's assistance to parents occurs when parents are elderly, compared to boys, and girls help their parents more because they are naturally caring (Ihromi, 2004).

According to the researchers, the respondent's family responded to the illness and disability of family members by stating that the family knew and was able to understand the condition of the family member who was sick so they knew what to do about the situation. Information provided by a doctor or medical officer related to the condition of a sick family member can provide input for the family on what best steps to take for a sick family member because treatment requires a long time and patience. Judging from the demographic data, families waiting for the average are children from families who are sick and the gender of the average respondent is female. In this case, the task of children, especially girls, is believed by the family to play a more important and more skilled role in caring for sick family members

The results of the study regarding internal family coping strategies according to Pearlin and Schooler's theory were most widely used by families in family members of stroke sufferers at the Inpatient Installation of the RA. Basoeni Regional General Hospital, Gedeg, Mojokerto Regency from 34 respondents with a total of 25 questions, which consisted of the 7 internal family coping strategies, namely relying on family groups, using humor, maintaining family ties, controlling the meaning of problems, solving family problems together, role flexibility and normalization. In answering the question of internal family coping strategies, it was answered that the majority of respondents chose the normalization coping strategy, which was 65 points (95.58%).

According to Pearlin and Schooler, normalization is the tendency of families to normalize everything as much as possible when they cope with a long-term stressor that tends to damage family life and household activities. The term "normalization" is used to conceptualize how families manage the disability of a family member. The term "normalization" was first used to describe a family's response to illness and disability. This coping strategy is often used in families with chronic pain (Andarmoyo, 2012). According to Phase, the tendency for families to normalize things as much as possible when they overcome long-term stressors that tend to interfere with family life and household activities. Normalization is an ongoing process that involves recognizing chronic illness but affirming family life as normal family life, emphasizing the social effects of having a member who has or suffers from chronic illness as a minimum, and engaging in behaviors that show others that the family is normal. . Families normalize by fulfilling rituals and routines. This helps the family cope with stress and promotes a sense of wholeness over time, which is essential for normalizing the family situation (Friedman, 2010). The duties of the family in the field of health, in accordance with the function of maintaining health, the family has tasks that need to be understood and carried out, including: being able to recognize family health problems (even the slightest change, the family must understand these changes so that family tasks can function optimally), being able to decide on health actions appropriate for the family (is the main family effort to seek appropriate help according to family circumstances, taking into account which of the families has the ability to decide on family actions), able to care for families who experience health problems (families are expected to be able to care for family members who are sick even with the help of health workers, and it is hoped that at least they can do first aid), be able to modify the family environment (the ability to modify the family environment is able to carry out preventive and rehabilitative actions in an effort to improve family health tan) and able to utilize the surrounding health service facilities for the family (Friedman, 2003).

According to the researchers, respondents use a lot of internal families coping strategies with normalization which can be influenced by several factors, including the disease suffered by the respondent's family members' stroke (CVA). with the aim that the condition of family members is not getting worse. The family shows a normalization attitude, namely by managing the inability of family members who are sick to fulfill their daily needs (such as helping with bathing, eating, and toilet training), besides that the family is also able to understand the condition of family members who are sick so that the family knows what should be done.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

[1] Andarmoyo, Sulistyo, (2012). Family Nursing Concepts Theory, Process and Nursing Practice. Yogyakarta: Graha Ilmu, pp: 45-75.

[2]   Brunner & Suddarth, (2002). Medical-Surgical Nursing Pocket Book from Brunner & Suddarth. Jakarta: EGC Medical Book, pp: 96-99.

[3]   Brasher, Valentina L., (2008). Clinical Applications of Pathophysiology, Examination & Management, Jakarta: Medical Books.

[4]   Carpenito, Lynda Sell, (2003). Nursing Diagnosis Applications in Clinical Practice. Jakarta: EGC Medical Book, p: 93.

[5]   Desmita, (2007). Developmental psychology. Bandung: PT. Remaja Roda Karya, page: 213.

[6]   Desmita, (2013). Psychology of Student Development. Bandung: PT. Remaja Roda Karya, page: 213.

[7]   Efendi, Ferry, (2012). Definition of Logic, http://definimublogspot.com/2012/10/defin-logika.html. September 1 2017, 21.00.

[8]   Friedman, M, Marilyn, (2003). Family Nursing. Edition 3. Jakarta, EGC, pp: 245-247.

[9]   Friedman, M, Marilyn, (2010). Textbook of Family Nursing: Research, Theory & Practice. Edition 5. Jakarta, EGC, pp: 115-117.

[10]   Hardiwinoto, (2011). Public Health Science, htpp://ilmu-kesehatan-community.blogspot.com/2012/05/detik-umur.html. Date .30 August 2017.

[11]   Hartono, (2007). Stress and Stroke. Yogyakarta:KANISIUS, pp:9-10.

[12]   Johnson, R & Leny R, (2010). Family Care Plus Examples of Family Care. Yogyakarta : Nuha Medika, pp : 2-37.

[13]   Junaidi, Iskandar, (2011). Stroke Beware of the Threat - The Most Complete Stroke Guide. Yogyakarta: ANDI Yogyakarta, pp: 3-76.

[14]   Lestari, Sri, (2005). Family Psychology: Instilling Values and Handling Conflict in the Family. Jakarta: Self-Help Spreader, pp: 5-10.

[15]   Mahendra B. & Evi Rachmawati, (2005). Treat Stroke with Healing Medicinal Plants Safely and Naturally. Jakarta: Spreader of Self-Help, pp: 10-28.

[16]   Nasir, Abdul et al, (2011). Basics of Mental Nursing Introduction and Theory, Jakarta: Salemba Medika, p: 46.

[17]   Nursalam, (2008). Concept and Application of Nursing Science Research Methodology. Jakarta : Salemba Medika, p:17.

[18]   Rasmun, (2009). Integrated Psychiatric Mental Health Nursing with Families for Nurses and Nursing Students. Jakarta: IKAPI Member, pp: 16-22.

[19]   Setiadi, (2007). Nursing Research Concepts & Authors. Yogyakarta : Graha Ilmu, pp: 2-21.

[20]   Setiadi, (2007). Family Nursing Concepts & Processes. Yogyakarta : Graha Ilmu, pp: 2-21.

[21]   Sunaryo, (2004). Psychology for Nursing. Jakarta: EGC Medical Book, pp: 212-221.

[22]   Wong, (2009). Textbook of Pediatric Nursing. Jakarta: EGC Medical Book, pp: 36-37