

Original Research

Relationship Between Home Care Service Quality and Independence of Stroke Patients



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Abstract

Background: Stroke is a medical condition caused by disruption of blood flow to the brain, leading to cell death and often resulting in paralysis. This condition can reduce patients' confidence and independence, particularly among individuals in the productive age group.

Objective: This study aimed to determine the relationship between service quality and the independence of stroke patients.

Methods: This study employed a quantitative approach with an analytical cross-sectional design. The sample consisted of 40 stroke patients receiving home care services. Data were collected using structured questionnaires and analyzed using the Chi-square test.

Results: The findings indicated a significant relationship between service quality and patient independence. Patients who received better-quality services tended to have higher levels of independence. Statistical analysis showed a p-value of 0.000 (< 0.05), confirming the significance of the relationship.

Conclusion: There is a significant relationship between home care service quality and the independence of stroke patients. Improving service quality is essential to enhance patient independence in home care settings.

Keywords: Service quality; independence; stroke; home care

Introduction

Stroke is a condition characterized by rapidly developing clinical signs in the form of focal or global neurological deficits that may worsen and persist for 24 hours or more, potentially leading to death, with no apparent cause other than vascular origin (Ali, M., et al., 2023). This condition represents a major global health problem due to its high prevalence, mortality, and long-term disability burden. Stroke survivors often experience physical, cognitive, and functional impairments that significantly affect their quality of life. As a result, stroke management requires not only acute medical treatment but also long-term rehabilitation and continuous care to support recovery and prevent complications.

According to the World Health Organization (WHO), home care refers to health services provided in the home setting, ensuring that all individuals have equal opportunities to access optimal healthcare services. These services are continuous and comprehensive, delivered directly to individuals in their homes, with the aim of maintaining, improving, and restoring health, as well as maximizing independence and minimizing the consequences of terminal illnesses (Raya, M. F. M., 2023). In the context of stroke management, home care plays a crucial role in facilitating rehabilitation, promoting patient comfort, and reducing the need for prolonged hospitalization. It also allows patients to receive personalized care within their social and family environment, which can enhance recovery outcomes.

The quality of home care services reflects the overall performance of the healthcare system implemented within it. High-quality services encompass not only clinical care but also administrative and organizational aspects, such as effective communication, responsiveness, and proper medical record management, which serve as important indicators of service quality (Ataupah, S., & Manalu, N. V., 2021). Good service quality is essential to ensure patient safety, satisfaction, and continuity of care. Inadequate

service quality may lead to suboptimal treatment outcomes, increased complications, and decreased patient trust in healthcare services.

Independence is defined as an individual's ability to perform tasks without relying on others. In the healthcare context, particularly in nursing, independence is considered a fundamental capability that enables individuals to carry out daily self-care activities to meet their basic needs (Skube et al., 2018). The level of independence is closely related to a person's functional status and overall well-being. Therefore, improving patient independence is one of the primary goals of nursing care, especially for individuals with chronic conditions such as stroke, who often face limitations in performing daily activities.

The level of independence can be measured using standardized instruments such as the Katz Index, which evaluates an individual's ability to perform activities of daily living. Limitations in physical movement, particularly in limb activity, are among the key factors contributing to decreased independence. Stroke patients frequently experience impairments that affect their ability to perform essential daily activities, including bathing, eating, dressing, and toileting (Anderson, E., 2024). These limitations highlight the importance of high-quality home care services in supporting patients' functional recovery and enhancing their independence in daily life.

Methods

Study Design

This study employed a quantitative approach with an analytical design using a cross-sectional study framework. This design was selected to examine the relationship between service quality and the level of patient independence at a single point in time.

Samples/Participants

The sample consisted of 40 respondents selected from a population of stroke patients receiving home care services in the working area of the Tamalanrea Makassar Health Center. A purposive sampling technique was applied based on predefined inclusion and exclusion criteria. The inclusion criteria were patients diagnosed with stroke, currently receiving home care services, and able to provide information directly. The exclusion criteria included patients who were uncooperative, had severe communication disorders, or were in acute clinical conditions that prevented participation in the interview process.

Instruments

Data were collected using a structured closed-ended questionnaire developed by the researcher based on the variables of service quality and patient independence. The level of patient independence was measured using the Katz Index of Independence in Activities of Daily Living (ADL), while service quality was assessed using indicators of home care services, including both medical and non-medical aspects. The use of structured instruments ensured consistency and comparability of responses across participants.

Data Collection

Data collection was conducted in April 2025 through direct, face-to-face interviews using a guided interview technique. This approach allowed the researcher to ensure that all questions were clearly understood by respondents and answered completely, thereby enhancing the accuracy and completeness of the data obtained.

Data Analysis

The collected data were processed and analyzed using SPSS version 21. Descriptive statistics were used to summarize respondent characteristics, while inferential analysis was performed using the Chi-Square test to examine the relationship between the independent variable (service quality) and the dependent variable (patient independence). The analysis yielded a p-value of 0.000, indicating a statistically significant relationship between the two variables.

Ethical Considerations

Ethical principles were strictly adhered to throughout the research process. All participants provided voluntary consent through informed consent prior to data collection. The confidentiality and anonymity of participant information were ensured, and all data were handled in accordance with ethical standards. The study also upheld the principles of justice and non-maleficence, ensuring that no harm was caused to participants during the research process.

Results

Based on the results of the study conducted in the home care setting within the working area of the Tamalanrea Makassar Health Center, the characteristics of respondents are presented as follows.

The age distribution of respondents showed that the largest proportion was in the 65–69 years age group, with 9 respondents (22.5%), while the smallest proportion was in the 75–79 years age group, with 5 respondents (12.5%). Other age groups included 50–54 years (7 respondents; 17.5%), 55–59 years (6 respondents; 15.0%), 60–64 years (6 respondents; 15.0%), and 70–74 years (7 respondents; 17.5%).

Table 1. Distribution of Respondents by Age

Age Group (years)	Frequency (n)	Percentage (%)
50–54	7	17.5
55–59	6	15.0
60–64	6	15.0
65–69	9	22.5
70–74	7	17.5
75–79	5	12.5
Total	40	100

Source: SPSS Processed Data, 2025

The gender distribution indicated that the majority of respondents were male, accounting for 24 individuals (60.0%), while female respondents comprised 16 individuals (40.0%).

Table 2. Distribution of Respondents by Gender

Gender	Frequency (n)	Percentage (%)
Male	24	60.0
Female	16	40.0
Total	40	100

Source: SPSS Processed Data, 2025

The educational background of respondents showed that most had a bachelor's degree (S1), with 20 respondents (50.0%), followed by senior high school (15 respondents; 37.5%), junior high school (3 respondents; 7.5%), and elementary school (2 respondents; 5.0%).

Table 3. Distribution of Respondents by Education

Education Level	Frequency (n)	Percentage (%)
Elementary School (SD)	2	5.0
Junior High School	3	7.5
Senior High School	15	37.5
Bachelor's Degree (S1)	20	50.0
Total	40	100

Source: SPSS Processed Data, 2025

Based on occupation, the majority of respondents were civil servants (PNS), totaling 20 individuals (50.0%), followed by self-employed workers (12 respondents; 30.0%), and housewives (8 respondents; 20.0%).

Table 4. Distribution of Respondents by Occupation

Occupation	Frequency (n)	Percentage (%)
Housewife (IRT)	8	20.0
Self-employed	12	30.0
Civil servant (PNS)	20	50.0
Total	40	100

Source: SPSS Processed Data, 2025

The distribution of service quality indicated that most respondents perceived the quality of home care services as good (26 respondents; 65.0%), while 14 respondents (35.0%) rated it as poor.

Table 5. Distribution of Service Quality

Service Quality	Frequency (n)	Percentage (%)
Good	26	65.0
Poor	14	35.0
Total	40	100

Source: SPSS Processed Data, 2025

Regarding patient independence, the results showed that 18 respondents (45.0%) had good independence, while 22 respondents (55.0%) had low independence.

Table 6. Distribution of Patient Independence

Independence Level	Frequency (n)	Percentage (%)
Good	18	45.0
Low	22	55.0
Total	40	100

Source: SPSS Processed Data, 2025

The analysis of the relationship between service quality and patient independence showed that among respondents who perceived service quality as good, 17 (42.5%) had good independence and 9 (22.5%) had low independence. Among those who perceived service quality as poor, 1 respondent (2.5%) had good independence and 13 respondents (32.5%) had low independence.

Table 7. Relationship Between Service Quality and Patient Independence

Service Quality	Good Independence n (%)	Low Independence n (%)	Total n (%)
Good	17 (42.5)	9 (22.5)	26 (65.0)
Poor	1 (2.5)	13 (32.5)	14 (35.0)
Total	18 (45.0)	22 (55.0)	40 (100)

p-value = 0.000

Source: SPSS Processed Data, 2025

The Chi-Square test results showed a p-value of 0.000 ($p < 0.05$), indicating a statistically significant relationship between service quality and the independence of stroke patients receiving home care services in the Tamalanrea Makassar Health Center working area.

Discussion

This study demonstrates a statistically significant relationship between the quality of home care services and the independence of stroke patients. Rather than reiterating the numerical findings, this discussion emphasizes the interpretation and implications of these results. The findings indicate that better service quality is associated with higher levels of patient independence, suggesting that the effectiveness of home care plays a critical role in supporting functional recovery among stroke patients.

From a theoretical perspective, service quality in healthcare is closely linked to patient outcomes, particularly in long-term conditions such as stroke. High-quality home care services facilitate continuity of care, improve patient engagement, and enhance the ability of families to participate in caregiving. In this study, good service quality appears to contribute to improved independence by strengthening the capacity of both patients and their families to manage daily health-related activities. This aligns with previous findings reported by Meilianingsih and Setiawan (2017) as cited in Akbar and Ferdi (2022), which highlight that home care interventions can enhance the role and independence of families in caring for stroke patients.

The role of the family is a central component in achieving patient independence. The implementation of home-based nursing care involves a gradual transfer of responsibility from healthcare providers to family members. As reported by Parellangi (2012) in Akbar and Ferdi (2022), this process enables families to develop the necessary skills and confidence to provide ongoing care. Consequently, patient independence is not solely determined by clinical recovery but is also influenced by the readiness and capability of the family as primary caregivers. This finding reinforces the concept that home care is not only patient-centered but also family-centered.

However, not all patients receiving good-quality services achieved optimal independence. This suggests that other factors, such as age and cognitive function, may influence patient outcomes. Cognitive impairment, which is common among stroke patients, can limit the ability to perform activities

of daily living independently. Evidence from ATrain Education (2020) and Cho and Lee (2012) as cited in Sriadi et al. (2020) indicates a strong association between cognitive decline and reduced independence in stroke patients. Furthermore, cognitive deficits may affect memory, decision-making, and the ability to interpret information, all of which are essential for self-care. Therefore, improving independence requires not only high-quality services but also targeted interventions addressing cognitive and functional limitations.

In addition, educational and psychosocial factors play an important role in determining patient independence. Higher levels of education among patients and families contribute to better understanding of health conditions and more effective management of care. As reported by Tatalia et al. (2018) and Nimah et al. (2018) in Sukmawati et al. (2024), family knowledge and support are key reinforcing factors in improving independence. Emotional, instrumental, and informational support from family members can significantly enhance the recovery process. Similarly, Kosasih et al. (2018) in Sukmawati et al. (2024) emphasize that appropriate family education can improve the ability of caregivers to support stroke patients in achieving independence in daily activities.

Conversely, poor service quality was associated with lower levels of independence, which may be influenced by socioeconomic and demographic factors. Limited access to adequate healthcare services can hinder rehabilitation and delay recovery. Economic constraints may restrict the availability of supportive care, while advanced age may further reduce physical capacity. According to Tjiptono (2019) in Wahyuni (2024), service quality reflects the ability to meet patient expectations, and inadequate services may lead to dissatisfaction and suboptimal outcomes. This is further supported by Molden (2019) in Wahyuni (2024), who states that service quality directly affects patient independence. Patients are more likely to achieve better outcomes when the services provided meet or exceed their expectations.

The findings of this study are consistent with previous research by Sugiyati (2019) and Wahyuni (2024), which reported a significant relationship between home care service quality and patient independence. These results strengthen the evidence that improving service quality is essential for enhancing patient outcomes in home care settings. The statistical analysis using the Chi-Square test further confirms this relationship, indicating that service quality is a significant determinant of independence among stroke patients.

Despite these findings, this study has several limitations. First, the relatively small sample size ($n = 40$) may limit the generalizability of the results to a broader population. Second, the cross-sectional design does not allow for causal inferences, as data were collected at a single point in time. Third, the use of self-reported data through questionnaires and interviews may introduce response bias. Additionally, this study did not explore other potentially influential factors, such as the severity of stroke, duration of illness, and intensity of rehabilitation, which may also affect patient independence.

In conclusion, this study highlights the importance of high-quality home care services in improving the independence of stroke patients. The findings suggest that service quality, family support, cognitive function, and socioeconomic factors collectively influence patient outcomes. Therefore, efforts to enhance home care services should focus not only on clinical aspects but also on strengthening family involvement and addressing broader determinants of health.

Conclusion

Based on the statistical analysis showing a p-value of 0.000 (< 0.05), it can be concluded that there is a significant relationship between the quality of home care services and the independence of stroke patients, indicating that better service quality is associated with higher patient independence in daily activities. This finding underscores the importance of improving the quality of home care services through comprehensive, patient-centered approaches and strengthening family involvement to support optimal recovery. Future studies are recommended to include larger samples and examine additional factors, such as stroke severity and rehabilitation intensity, to better understand determinants of patient independence.

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