



Description of Family Support on the Motivation of Heart Failure Patients in Undergoing Treatment

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<p>Track Record Article</p> <p>Accepted: 07 May 2023 Revised: 30 June 2023 Published: 30 July 2023</p> <p>How to cite : Sari, W., & Kristinawati, B. (2023). Description of Family Support on the Motivation of Heart Failure Patients in Undergoing Treatment. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 5(3), 778–787.</p>	<p style="text-align: center;">Abstract</p> <p><i>Chronic disease is a condition that causes a person to be hospitalized. One of the chronic diseases is heart failure. Heart failure is more common in older people with weakened heart chambers responsible for pumping blood throughout the body. This study aimed to determine the description of family support on the motivation of heart failure patients in undergoing treatment. This research is descriptive quantitative with cross-sectional research design. This research was conducted at the cardiac polyclinic at Sebelas Maret University Hospital, Sukoharjo Regency. The research was conducted in March-April 2023. The population in this study were all patients with heart failure at the heart polyclinic at UNS Hospital, totaling 1.114. The sample for this study was 294 respondents. The sampling technique used purposive sampling technique. Data collection in this study used the Family Support questionnaire and the Client Motivation For Therapy Scale. Analysis of this research data with descriptive univariate analysis. The results of this study were family support for the motivation of heart failure patients in undergoing treatment at the heart polyclinic, the majority of whom were 160 (54.4%) women, 140 (47.6%) aged 51-65 years, had high school/vocational high school education. 108 respondents (36.7%), the majority suffered from illness for 1-5 years, 182 respondents (61.9%) and the New York Heart Association classification in patients with heart failure, the majority of NYHA II, were 150 respondents (51.0%). The level of family support for heart failure patients undergoing treatment in the good category was 269 (91.5%), and the level of motivation was 147 (50.0%). For people with heart failure, it is hoped that they will have the motivation to take treatment that improves and is supported by the family so that it does not become a burden but can provide and increase knowledge through education to increase motivation for treatment.</i></p> <p>Keywords: Family Support, Heart Failure, Treatment motivation</p>
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INTRODUCTION

Chronic disease is a condition that causes a person to be hospitalized. A person suffering from a chronic disease generally gets treatment for a long time it can affect the quality of life due to physical, mental, and social limitations (Rachmat et al., 2021). One chronic disease, namely heart failure, is more common in older people with weakened heart chambers responsible for pumping blood throughout the body and triggered by several other health problems such as hypertension, high blood pressure, and diabetes. Symptoms of heart failure are chronic symptoms that develop gradually and are characterized by symptoms of shortness of breath, feeling tired and swelling of the ankles. Heart failure generally has a poor prognosis and high treatment costs (Rahmianti et al., 2020).

Globally, heart failure is the leading cause of death worldwide. According to data in Indonesia for 2018, heart failure is one of 10 non-communicable diseases in Indonesia, with an estimated 229,696 people (0.13%) suffering from heart failure (WHO, 2020). In Central Java

province, compared to data for 2018 and 2019, the cumulative number of new cases of heart failure in Central Java decreased from 9.82% in 2018 to 1.90% in 2019 (Wang et al., 2022). It can also be interpreted that heart failure is not another disease that stands alone but a clinical syndrome characterized by excessive blood volume, thus making tissue perfusion inadequate to the point where tolerance for daily activities is reduced.

Seeing the phenomenon above, it is necessary to support family members of heart failure patients who can increase their motivation to undergo treatment in patients with heart failure (Sugiyanti et al., 2020). Family members' active role and motivation can provide positive energy for a patient in dealing with his illness. Patients with high motivation will fight against their illness even though the hope for recovery is slim; the patient's family must have a positive attitude to help heal those requiring long-term treatment. Families need to support patients to increase their motivation and responsibility for treatment (Afitasari et al., 2020).

Family support has its role for heart failure patients who are undergoing treatment. One of the factors that can support the process of success in the treatment of patients is family support (Sari, 2021). Family support has four parts: social support, appraisal support, additional support, and emotional support. Of the four parts of family support, it benefits heart failure patients who need family support because it improves their health in everyday life and makes them feel more comfortable and cared for in heart failure patients (Izzuddin et al., 2020).

Based on research Sulastini (2018) state that there is a fairly strong relationship between family support and activity patterns of heart failure patients treated in the Class 3 Internal Medicine Room at dr. Slamet Garut Regional General Hospital. Research by Sugiyanti (2020) states that family support is related to medication adherence in Gatot Soebroto Army Central Hospital heart failure patients.

Based on data obtained from Sebelas Maret University Hospital, the number of visits to heart failure patients who underwent outpatient care in November 2022 was 1.114 patients. This indicates that heart failure is a disease that is still widely suffered. Based on the preliminary survey, patients with heart failure were often re-admitted or experienced recurrence because the recommended therapy was not adhered to, such as medical follow-up and poor adherence to treatment. The incidence of recurrence in heart failure patients is related to medication adherence, so heart failure patients need medical therapy. Undergoing treatment includes the patient's behavioral ability to carry out self-care. Moreover, support for patients provided by the family provides support to patients to increase motivation and responsibility for carrying out treatment.

Based on these problems, researchers are interested in researching the description of family support on motivation in heart failure patients undergoing treatment. This study aimed to determine the description of family support on motivation in heart failure patients undergoing treatment at Sebelas Maret University Hospital.

METHODS

This research is a quantitative descriptive study with a cross-sectional research design. This study aimed to determine the description of family support on heart failure patients' motivation to undergo treatment. This research was conducted at the heart road polyclinic in Kartasura District, Sukoharjo Regency. This research was conducted from March 2023 to April 2023.

The population in this study were all patients with heart failure at the outpatient clinic at Sebelas Maret University Hospital, Kartasura District, Sukoharjo Regency, with 1.114 heart failure patients. Calculation of the number of samples using the Slovin formula so that the number of samples in this study was 294 people. The sampling technique in this study used a non-probability sampling technique with purposive sampling.

The sample criteria in this study have been defined as inclusion criteria, such as heart failure patients who are willing to be respondents, aged 19-85 years. At the same time, the exclusion criteria in this study were the characteristics of members of the population who could not be taken as a sample. The independent variable in this study was family support, while the dependent variable was the treatment of heart failure patients.

Data collection in this study used 3 instruments, namely the respondent characteristic instrument, the family support questionnaire, and the questionnaire Client Motivation for Therapy Scale (CMOTS), which has been used by previous researchers and has been tested for validity and reliability using SPSS software version 22. Questionnaire Client Motivation for Treatment Scale (CMOTS) content validity (CVI) and construct tests have been carried out by previous researchers and have been translated into Indonesian with the results of the validity test of this questionnaire having a value of +1 which means that the questionnaire is valid because $>0,8$ and obtained a Cronbach alpha value of 0.822 (24 statement items), which is greater than 0.6 which indicates that the questionnaire is reliable.

The family support questionnaires contained 20 questions consisting of four groups: informational support, appraisal support, instrumental support, and emotional support, each group consisting of 5 questions. Moreover, a questionnaire sheet Client Motivation for Therapy Scale (CMOTS) which has been translated into Indonesian by experts and has been tested for

validity and reliability. There are 24 questions in the CMOTS questionnaire consisting of 6 groups, namely intrinsic motivation, integrated regulation, identified regulation, introjected regulation, external regulation, and motivation. Each group consists of 4 questions.

Analysis of research data with descriptive which explains each variable's distribution, frequency and percentage. This research has received approval from the health research ethics commission at Dr.Moewardi Regional General Hospital Number. 255/II/HREC/2023.

RESULTS

1. Characteristics of Respondents

The results of the characteristics of the respondents who took part in the study included gender, age, last education, length of suffering, and New York Heart Association (NYHA) classification, which is presented in Table 1.

Table 1. Frequency Distribution of Respondent Characteristics

Category	Frequency	Percent
Gender		
Male	134	45.6
Female	160	54.4
Age		
15-35 year	13	4.4
36-55 year	64	21.8
56-75 year	140	47.6
76-95 year	77	26.2
Education		
Not Schooling	13	4.4
Elementary School	65	22.1
Junior High School	44	15.0
High School/Vocational School	108	36.7
Higher Education	64	21.8
Long Suffering		
1-5 year	182	61.9
6-10 year	106	36.1
11-15 year	6	2.0
New York Heart Association (NYHA)		
NYHA 2	150	51.0
NYHA 3	144	49.0

Based on Table 1, the results obtained from 294 respondents were the majority female, 160 respondents (54.4%), and the minority male, 134 respondents (45.6%). Respondents' ages were obtained in the 51-65 year category, with 140 respondents (47.6%). The majority of respondents took their final education up to high school/vocational school, 108 respondents (56.3%), the minority had elementary school education, 65 respondents (22.1%). The majority of respondents suffered for 1-5 years, a total of 182 respondents (61.9%), and a minority

suffered for 11-15 years, 6 respondents (2.0%). Respondents in the New York Heart Association (NYHA) classification, majority level II, amounting to 150 respondents (51.0%), and minority level III, numbering 144 respondents (49.0%).

2. Level of Family Support

Table 2. Frequency Distribution of Family Support

Family Support Level	Frequency	Percent
Less Family Support	2	0.7
Sufficient Family Support	23	7.8
Good Family Support	269	91.5
Total	294	100

Table 2 explains that 294 respondents, the Family Support questionnaire shows the level of good family support has the highest frequency of 269 (91.5%) respondents. In contrast, the level of low-income family support shows the lowest frequency value with 2 (0.7%) respondents. The frequency of adequate family support is 23 (7.8%) respondents.

3. Level of Treatment Motivation

4. Frequency Distribution of Treatment Motivation

Treatment Motivation Level	Frequency	Percent
Lacking	15	5.1
Moderate	132	44.9
Good	147	50.0
Total	294	100

Table 4. explained that 294 respondents based on the questionnaire category *Client Motivation for Therapy Scale (CMOTS)* showed that the level of motivation for good treatment had the highest frequency of 147 (50.0%) respondents, while the level of motivation for treatment was lacking showed the lowest frequency value with 15 (5.1%) respondents. The frequency of moderate treatment motivation levels was 132 (44.9%) respondents.

DISCUSSION

1. Respondent Demographic Characteristics

Based on the gender category, the highest number of heart failure patients were female, with 160 respondents with a frequency of 54.4%. The majority in this study who experienced heart failure were female. In research Dewi (2018) Risk factors for heart failure in women are lower than in men because women have the hormone estrogen, which produces High Density Lipoprotein (HDL) which affects preventing the occurrence of cardiovascular disorders. The majority of the sex of the patients in this study were male, which was also inversely

proportional to the results of the study by Haryati (2020) the results found were respondents experiencing heart failure experienced by women.

Based on the distribution of age characteristics, most respondents were aged 51-65 with a frequency of 47.6%. These results align with research by Aswini (2022) who found that age characteristics at risk of heart failure are those aged 50-80. Study Sulastini (2016) concluded that age is a factor related to motivation in undergoing any treatment, where the older a person's self-confidence and health also decrease due to decreased organ function, which causes reduced productivity so that what is needed is the only motivation in the process of preventing or treating disease. This result is in line with previous research conducted by Haryati (2020) that most patients with congestive heart failure are more than 50 years of age (88.5%).

Based on the description above, most respondents had the last level of education, showing that 36.7% of respondents had senior secondary school or vocational high school status as the highest percentage. Education is a factor that can affect the quality of life. The higher a person's education is also expected to motivation in undergoing treatment, the better. In line with research, Permana (2021) stated that the majority of the education level in their study was high school, this explained that the patients had secondary education, where it could be said that these patients were people who were mostly educated only up to high school so that the ability to receive information, a healthy lifestyle, and promotive and preventive behavior against disease is also limited Yoyoh (2021) especially if you look at the results of the research Hastuti (2019) the majority of patients with junior high school education.

Based on the long-suffering distribution, it shows that respondents 1-5 years have the most value, namely 61.9%. Rangaswami (2020) found that the most suffer from heart failure > 5 years. The life expectancy of heart failure patients is no more than 5 years. Approximately 30-40% of heart failure patients die within a year. Characteristics of long suffering from heart failure and comorbidities, most respondents did not have other diseases besides heart failure, but the most common comorbidities after no other diseases were diabetes mellitus and hypertension.

Based on the New York Heart Association (NYHA) classification, there are more active respondents in the NYHA II category than those with NYHA III. This research aligns with Sukandi (2022), which explains that most heart failure respondents have NYHA II degrees. Patients with NYHA II degrees have symptoms such as palpitations and dyspnea, which will appear when people with heart failure do physical activity and disappear at rest (Indrajaya, 2020).

2. Level of Family Support

Based on the results of this study, the results obtained with the level of family support showed that as many as (91.5%) of respondents were in the category of good family support, at the level of adequate family support with a percentage (7.8%) and the level of less family support with a percentage (0,7%). The highest form of family support in the patient's treatment process is influenced by the magnitude of the level of family support regarding the patient's condition. This result also occurs in research by Utami (2019) about the family's efforts in healing the patient, illustrating that the care or support from the family is in a fairly good category. The partner's level of support and motivation is not only about how to provide treatment so that the patient recovers quickly but also provides love, attention, and enthusiasm to deal with the disease. Another form of motivation is the family's acceptance of the patient's condition. Family acceptance is a psychological and behavioral effect of the patient's family, which can be shown through the attention, support, and care needed by the patient (Nursita et al., 2020).

Family assistance during visits to health care centers. In line with research in America, it is known that 61% of families often or always accompany sick family members for common control (Khujun et al., 2023). Patients frequently seen at each visit have a higher self-care maintenance score than those never/rarely accompanied during visits (Nursita et al., 2020). The form of family motivation that still needs improvement is seeking information about the patient's illness. According to the family, the information provided by the doctor during the control was sufficient, so the family did not seek other information about the family's illness.

3. Level of Treatment Motivation

This study obtained results with the level of motivation for treatment which showed that as many as (50.0%) of respondents were in the category of good treatment motivation, moderate level of treatment motivation with a percentage (44.9%), and the level of motivation for less treatment with a percentage (5.1 %). The level of motivation in treatment is family support, which occurs throughout the life cycle, where the type and nature of support differ in various life cycle stages (Widyaningrum et al., 2019).

This study describes the results of the level of family support with heart failure in the good category. This can be seen from the family's support in the form of informational, appraisal, instrumental, and emotional support. Good family support will be much more helpful for patients in improving and maintaining the patient's condition; this condition will reduce anxiety and prevent patient stress (Aswini, 2022). The level of family support provided to

patients with congestive heart failure is expected to impact patient adherence to the treatment provided (Widyaningrum et al., 2019).

Family support causes congestive heart failure sufferers to feel valued and cared for, so sufferers feel useful and motivated to take treatment. Family support is provided to patients, so it is easier to focus and carry out adaptive coping mechanisms (Nursalam et al., 2020). Support from the family also impacts reducing the frequency of hospitalizations for heart failure patients (Kristinawati et al., 2023). Research Hany (2022) mentioned that family support influences heart failure patients to improve their self-management of nurses. Through good levels of family motivation, patients will be more obedient, motivated, and enthusiastic in carrying out treatment.

CONCLUSIONS

The results of the study obtained were that the majority of heart failure patients were female. Most patients with heart failure at the Sebelas Maret University Hospital Cardiac outpatient clinic, Kartasura District, Sukoharjo Regency, are aged 51-65 years. Most have their last education from Senior High School/Vocational High School. Furthermore, the majority suffer from heart failure for 1-5 years. The majority of the NYHA Classification is NYHA II, with 150 respondents. An overview of family support on the motivation of heart failure patients in undergoing treatment, the majority of heart failure sufferers get good family support in carrying out routine and scheduled treatment motivation.

Advice that can be given from the research that has been done is that it is suggested to health workers at UNS Hospital to provide education about adherence to taking medication, and health workers are advised to monitor compliance of heart failure outpatients. The patient's family is expected to continue to support heart failure patients in undergoing treatment to increase the patient's motivation in undergoing treatment, which can increase the patient's recovery rate more quickly.

REFERENCE

- Afitasari, A. I., & Kristinawat, B. (2020). Gambaran Motivasi dan Partisipasi Keluarga Dalam Perawatan Mandiri Pasien Gagal Jantung. *Jurnal Ilmu Keperawatan Medikal Bedah*, 3(2), 32–41. <https://doi.org/https://doi.org/10.32584/jikmb.v3i2.587>
- Aswini, N. P. A. (2022). Hubungan Dukungan Keluarga Dengan Kepatuhan Pasien Gagal Jantung Kongestif Melakukan Pengobatan Di Poliklinik Jantung RSUD Kabupaten Badung Mangusada. *Journal Nursing Research Publication Media (NURSEPEDIA)*, 1(1), 20–26. <https://doi.org/10.55887/nrpm.v1i1.3>
- Dewi, L. A. K. (2018). *Gambaran Dukungan Keluarga Pada Pasien Gagal Jantung Kongestif*

Di Rumah Sakit Umum Daerah Dr. Moewardi Surakarta.

- Hany, A., Yulistianingsih, E., & Kusumaningrum, B. R. (2022). Family empowerment and family ability to self-care for heart failure patients in the intermediate care room. *International Journal of Public Health Science*, 11(1), 248–253. <https://doi.org/10.11591/ijphs.v11i1.20989>
- Haryati, H., Saida, S., & Rangki, L. (2020). Kualitas Hidup Penderita Gagal Jantung Kongestif Berdasarkan Derajat Kemampuan Fisik dan Durasi Penyakit. *Faletahan Health Journal*, 7(02), 70–76. <https://doi.org/10.33746/fhj.v7i02.134>
- Hastuti, A. K. T. P., & Kristinawati, B. (2019). *Hubungan Antara Dukungan Psikososial dengan Kemampuan Self Management Penderita Gagal Jantung*. <http://eprints.ums.ac.id/73109/>
- Indrajaya, T. (2020). *How To Diagnose Of End-Stage Heart Failure (Peer Review)*. <https://repository.unsri.ac.id/49603/>
- Izzuddin, A., Dinianty, S. F., & Nazaahah, Z. (2020). Studi Literatur: Faktor-Faktor Yang Mempengaruhi Kualitas Hidup Pasien Penderita Gagal Jantung Di Indonesia. *Jurnal Ilmu Kedokteran Dan Kesehatan*, 7(1), 381–392. <https://doi.org/10.33024/jikk.v7i1.2348>
- Khujun, N. S., & Kristinawati, B. (2023). Partisipasi Petugas Kesehatan Menjadi Faktor Dominan Pada Model Perawatan Berpusat Pada Keluarga dan Pasien Gagal Jantung. *HIJP : Health Information Jurnal Penelitian*, 15(2), 1–7. <https://myjurnal.poltekkes-kdi.ac.id/index.php/hijp/article/view/816>
- Kristinawati, B., Rosyid, F. N., Rizkiawan, A., & Shofiya, L. (2023). Pelatihan Manajemen Perawatan Diri untuk Meningkatkan Pengetahuan Keluarga dan Pasien Gagal Jantung. *Poltekita: Jurnal Pengabdian Masyarakat*, 4(1), 86–93. <https://doi.org/10.33860/pjpm.v4i1.1380>
- Nursalam, N., Fikriana, R., Devy, S. R., & Ahsan, A. (2020). *The development of self-regulation models based on belief in Patients with hypertension. Systematic Reviews in Pharmacy*. 11(6), 1036–1041. <https://doi.org/https://doi.org/10.31838/srp.2020.6.148>
- Nursita, H., & Pratiwi, A. (2020). Peningkatan Kualitas Hidup Pada Pasien Gagal Jantung: A Narrative Review Article. *Jurnal Berita Ilmu Keperawatan*, 13(1), 11–21. <https://doi.org/https://doi.org/10.23917/bik.v13i1.11916>
- Permana, R. A., Arief, Y. S., & Bakar, A. (2021). Dukungan Keluarga Berhubungan dengan Perilaku Perawatan Diri Pasien Gagal Jantung di Surabaya. *Jurnal Penelitian Kesehatan Suara Forikes*, 12(1), 26–30. <https://doi.org/http://dx.doi.org/10.33846/sf12107>
- Rachmat, B., & Kariasa, I. M. (2021). Aspek Psikologis Pasien Gagal Jantung. *Penelitian Kesehatan Suara Forikes*, 12(2), 31–36. <https://forikes-ejournal.com/index.php/SF/article/view/sf12nk106/12nk106>
- Rahmianti, N. D., & Trisna, N. P. A. (2020). Ekokardiografi pada Gagal Jantung. *Medicinus*, 33(1), 43–47. <https://doi.org/10.56951/medicinus.v33i1.6>
- Rangaswami, J., Bhalla, V., Boer, I. H. de, Staruschenko, A., Sharp, J. A., Singh, R. R., Lo, K. B., Tuttle, K., Vaduganathan, M., Ventura, H., & McCullough, P. A. (2020). Cardiorenal Protection With the Newer Antidiabetic Agents in Patients With Diabetes and Chronic Kidney Disease: A Scientific Statement From the American Heart Association. *Circulation*, 142(17), e265–e286. <https://doi.org/10.1161/CIR.0000000000000920>
- Sari, N. L. (2021). *Hubungan Dukungan Keluarga Dengan Kualitas Hidup Pada Pasien Gagal Jantung Kongestif (Literature Review) - (SKP 0942)*. <https://repository.umtas.ac.id/519/>
- Sugiyanti, A., Agustina, D., & Rahayu, S. (2020). Dukungan Keluarga Berhubungan Dengan

- Kepatuhan Minum Obat Pada Pasien Gagal Jantung Kongestif Di Rspad Gatot Soebroto. *Jurnal Ilmiah Kesehatan Keperawatan*, 16(2), 67–72. <https://doi.org/10.26753/jikk.v16i2.371>
- Sukandi, E., Farianty, A., & Maulana, E. Z. (2022). New GDMT of Heart Failure With Reduced Ejection Fraction (HF_rEF): The Role of Dapagliflozin. *Conferences of Medical Sciences Dies Natalis Faculty of Medicine Universitas Sriwijaya Post-Pandemic Wholistic Care: Holistic Approach of Post-Pandemic Recovery*, 4(1), 131–137. <http://conference.fk.unsri.ac.id/index.php/confmednatalisunsri/article/view/91>
- Sulastini, & Fitria, N. (2016). Hubungan Karakteristik Pasien dengan Kecemasan pada Pasien Gagal Jantung Kongestif di Ruang Rawat Inap RSUD Dr. Slamet Garut. *Medika Cendikia*, 3(1), 9–16.
- Sulastini, Kusnadi, E., Rismawati, R., & Nugraha, B. A. (2018). Hubungan Dukungan Keluarga Dengan Pola Aktifitas Pada Pasien Gagal Jantung di Ruangan Penyakit Dalam Kelas 3 RSUD dr.Slamet Garut. *Jurnal Keperawatan*, 5(6), 51–62.
- Utami, F. (2019). *Gambaran Dukungan Sosial Pada Pasien Gagal Jantung*. Skripsi. Fakultas Ilmu Kesehatan. Universitas Muhammadiyah Surakarta.
- Wang, D., Kerh, R., Jun, S., Lee, S., Mayega, R. W., Ssentongo, J., Oumer, A., Haque, M., Brunese, P., & Yih, Y. (2022). Demand sensing and digital tracking for maternal child health (MCH) in Uganda: a pilot study for ‘E+TRA health.’ *BMC Medical Informatics and Decision Making*, 22(1), 1–14. <https://doi.org/10.1186/s12911-022-01982-8>
- WHO. (2020). *Cardiovascular diseases*. World Health Organization. https://www.who.int/health-topics/cardiovascular-diseases#tab=tab_1
- Widyaningrum, D., Retnaningsih, D., & Tamrin. (2019). Hubungan Dukungan Keluarga Dengan Kepatuhan Minum Obat Pada Lansia Penderita Hipertensi. *Jurnal Ilmu Keperawatan Komunitas*, 2(2), 21–26. <https://doi.org/https://doi.org/10.32584/jikk.v2i2.411>
- Yoyoh, I., Wijoyo, E. B., Purnamasari, E., Irawati, P., & Burhanudin, A. (2021). Dukungan Keluarga Meningkatkan Kualitas Hidup Pasien Congestive Heart Failure Di Rumah Sakit. *Jurnal JKFT: Universitas Muhammadiyah Tangerang*, 6(2), 48–60. <https://doi.org/http://dx.doi.org/10.31000/jkft.v6i2.5753>