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

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Abstract

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 a quantitative descriptive study with a cross-sectional research design. This research was conducted at the cardiac polyclinic at Sebelas Maret University Hospital, Sukoharjo Regency. This research was conducted in March-April 2023. The population in this study were all patients with heart failure at the cardiac polyclinic at Sebelas Maret University Hospital, totaling 1114. The sample in this study was 294 respondents with heart failure patients. The sampling technique used purposive sampling technique. Data collection in this study used the Family Support questionnaire and the Client Motivation For Therapy Scale (CMOTS). Analysis of this research data with univariate analysis. The results of this study are family support for the motivation of heart failure patients in undergoing treatment at the cardiac polyclinic at Sebelas Maret University Hospital, the majority of whom are female, amounting to 160 respondents (54.4%) and the majority aged 51-65 years with a total of 140 respondents (47, 6%). The majority of patients with heart failure at Sebelas Maret University Hospital had the majority of high school/vocational high school education with a total of 108 respondents (36.7%), and the duration of suffering, the majority were 1-5 years with a total of 182 respondents (61.9%). The New York Heart Association (NYHA) classification for heart failure patients is the majority NYHA II with 150 respondents (51.0%). For people with heart failure, it is hoped that they will have the motivation to take medication 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.

Keywords: Family Support, Heart Failure, Treatment motivation

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).

METHOD

This research is a quantitative descriptive study with a cross-sectional research design. This study aimed to determine the description of family support on the motivation of heart failure patients in undergoing 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 1114 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.

This research/data collection used 3 instruments, instrument A containing the characteristics of the respondents and questionnaire B containing Family Support which had been used by previous researchers and had been tested for validity and reliability. 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, questionnaire sheet C contains the Client Motivation for Therapy Scale (CMOTS) questionnaire, translated into Indonesian by experts and 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.

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 NYHA classification, which are presented in Table 1.

Table 1. Frequency Distribution of Respondent Characteristics

Category	Frequency	Percentage (%)
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 a total of 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 (SD), 65 respondents (22.1%). The majority of respondents suffered for 1-5 years, a total of 182 respondents (61.9%), and a minority of 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%), minority level III, numbering 144 respondents (49.0).

2. Level of Family Support

Table 2. Frequency Distribution of Family Support

Family Support Level	Frequency	Percentage (%)
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	Percentage (%)
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 Haryati et al., (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 years 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 et al, (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 only motivation in the process of preventing or treating disease. This result is in line with previous research conducted by Haryati et al., (2020) that the age of most patients with congestive heart failure is 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 have motivation in undergoing treatment, the better. In line with research, Permana et al., (2021) stated that the majority of the education level in his 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 Yovoh et al., (2021). Especially if you look at the results of the research Hastuti et al., (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 et al., (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 NYHA classification, there are more active respondents in the NYHA II category than those with NYHA III. This research is in line with Sukandi et al., (2022), which explains that most heart failure respondents have NYHA II degrees. Patients with NYHA II degree 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 who are 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 et al., (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.

CONCLUSION

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.

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