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The Role of Family Support in Enhancing Illness Acceptance Among Heart Failure Patients

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ABSTRACT

Heart failure is a chronic disease that has a significant impact on the physical and psychological condition of the patient. A critical aspect of disease management is illness acceptance, which is the patient's ability to accept their condition positively. Family support has a crucial role in helping patients undergo this acceptance process. This study aims to analyze the relationship between family support and acceptance of illness in heart failure patients. The method used in this study is correlative analysis with a quantitative approach; a sample of 149 respondents was collected using a purposive sampling technique. The research was conducted at the General Hospital of Surakarta from August 2023 - July 2024. Research data were collected using demographic questionnaires, family support, and acceptance of illness (ais). The results showed a positive and significant relationship between family support and disease acceptance in heart failure patients, with a p-value of 0.007 (p<0.05). Patients receiving family support in the form of emotional, instrumental, appreciation, and informational have an acceptance level of illness compared to patients who lack support. Family support helps patients manage emotions, improve treatment adherence, and adjust to necessary lifestyle changes. The conclusion of this study confirms that family support plays an essential role in increasing acceptance of illness in heart failure patients.

INTRODUCTION

Heart failure is a progressive disease with an annual mortality rate of approximately 10%. The epidemiology of heart failure has been a topic of interest since it was identified as a new epidemic in 1997. This finding was based on the observation of an exponential increase in heart failure hospitalizations and led to provocative hypotheses that were tested in several epidemiology studies (Roger, 2021). The main cause of death is sudden cardiac death (>50%) or organ dysfunction due to hypoperfusion (Schwinger, 2021). According to the World Health Organization (WHO), the mortality rate of heart failure patients remains high with 17% to 45% of deaths occurring within one year of diagnosis and most deaths occurring within five years of admission (Ferreira, 2019). In Indonesia, West Java province has the highest number of heart failure cases (186,809 cases), with 2,733 cases in North Kalimantan. Heart failure cases are more common in women (1.6%) than men (1.3%). Heart failure cases in Central Java Province were 43,361 people (0.18%) (Ministry of Health Republic Indonesia, 2018).

Heart failure is the final stage of many diseases that require hospitalization. Heart failure, also known as heart failure, is a complex clinical condition characterized by the inability of the heart to pump blood adequately (Arafah & Darliana, 2020). The heart needs more blood to meet the oxygen demand of tissues and organs in reaction to myocardial damage. This can have an impact on the physical and mental health of the patient. Physical impacts include shortness of breath, fatigue, weakness, nausea, anorexia, edema, nocturia, orthopnea, and PND (Paroxysmal Nocturnal Dyspnea) (Harding et al., 2022). Sufferers may have difficulty performing daily activities due to these changes. As a result, heart damage causes sufferers to feel anxious, sleepless, depressed, and hopeless as a result of their illness. Over an extended period, such

symptoms can lead to various psychological problems, such as experiencing depression or accepting a poor medical condition (Arifudin & Kristinawati, 2023).

In addition, decreased passion for life, medication neglect, withdrawal, and feelings of helplessness may occur as a result of progressive decline in heart function and environmental factors such as lack of social and family support (Pramesti et al., 2024). Heart failure treatment uses family support to help patients feel safe and confident in physical activities and increase life expectancy (Susanto et al., 2022). Family support is an acceptance behavior toward sick families with several types of support, including informational, emotional, appreciation, and instrumental (Delima et al., 2018).

A high level of acceptance of the disease results in better treatment adherence and self-care and reduced negative emotions associated with the disease and its treatment, which reduces psychological distress (Hreńczuk et al., 2024). Assessment of disease acceptance enables recognition of needs, thereby optimizing treatment, preventing complications and comprehensive care, enhancing patient education and cooperation, and enabling holistic emotional and support tailored to their needs (Fedorowicz et al., 2021). Families can help individuals improve their coping processes by providing emotional support and offering advice on other ways they have previously coped (Ambali et al., 2022).

According to Setiadi (2008), family social support impacts health and well-being simultaneously. A positive correlation exists between having strong support and reduced mortality, easier recovery from illness, cognitive function, and physical and emotional health. In addition, family support helps to adjust to stressful life events. The Commission reinforces this on the Family in Dolan's (2020) statement that family support can help each create family strengths, increase self-esteem, and serve as an important way for the family to avoid daily life problems. It can also make a difference in stressful environments (Zuroida, 2019). Another study showed the level of family support on self-efficacy in patients with heart failure. Although the main focus is self-efficacy, the findings suggest that family support is crucial in increasing patients' confidence in managing their disease, which can indirectly affect acceptance of their condition (Pramesti et al., 2024).

Heart failure is a long-term disease that requires continuous treatment. Continuous treatment leads to acceptance of illness. However, the acceptance of the disease in each individual can vary, which can be related to the presence of family support at Dr. Moewardi Hospital. Therefore, researchers will examine the relationship between family support and acceptance of illness in heart failure patients at Dr. Moewardi Hospital.

METHOD

This study used a descriptive correlational design with a correlative analysis approach to analyze the role of family support in improving disease acceptance among heart failure patients. The population in this study was 249 heart failure patients who were controlled at the Surakarta General Hospital Polyclinic from August 2023 to July 2024. The Sampling technique used was purposive sampling, and the total sample amounted to 149 respondents.

The independent variable in this study is family support, and the dependent variable is acceptance of illness. This study uses measuring instruments such as demographic questionnaires, family support, and acceptance illness scale (AIS). The statements in this questionnaire are expressed with numbers 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, and 5 = strongly agree. Family support questioners have been by Ramayanti et al. (2023), scores range from 9-45, with the interpretation of the total score results classified into 3: low if the score is 9-20, moderate 21-32, and high 33-45. Meanwhile, the Acceptance Illness Scale (AIS) questionnaire has been modified into Indonesian. The questionnaire consists of 8 questions, expressed by a score of 8-40, with the interpretation of the score results classified into 3: low 8-18, medium 19-30, and high 30-40.

The data analysis used was univariate and bivariate. Respondent characteristics were analyzed in the univariate test. The normality test in this study used Kolmogrov-Smirnov and bivariate analysis with Spearman Rank. Data analysis was performed using statistical software

applications. This study obtained permission and approval from the Ethics Committee at Dr. Moewardi Hospital, with the number 2.245/IX/HREC/2024.

RESULTS

Table. 1 Distribution of respondents

Variable	f	%
Age		
30-40	14	9.4
41-50	35	23.5
51-60	51	34.2
61-70	47	31.5
71-80	2	1.3
Gender		
Male	83	55.7
Female	66	44.3
Education		
Elementary School	35	23.5
Junior High School	49	32.9
Senior High School	52	34.9
Collage	13	8.7
Occupation		
Farm	30	20.1
Labor	29	19.5
Civil servants	12	8.1
Not working	51	34.2
Trader	14	9.4
Self-employed	13	8.7
Length of illness		
<1 Years	14	9.4
1-3 Years	117	78.2
>3 Years	18	12.1
Family Support		
Medium	129	86.6
High	20	13.4
Illness Acceptance		
Medium	143	96
High	6	4

Table 1 shows that most respondents were male, with a percentage of 55.7%. The age of the participants was mainly in the range of 51-60 years, with 51 respondents (34.2%). The respondent's education level was primarily the last level of secondary school, with a percentage of 34.9%. Knowledge can be gained outside of formal education, but it can also be gained from previous experience. The most common occupation was not working, with 51 participants (34.2%), followed by farmers with 30 participants (20.1%), and in third place, laborers with 28 participants (18.8%). The most common disease duration was in the 1-3 years category, with a total of 113 respondents (78.5%), and the least was in the <1 year category, with a total of 14 respondents (9.4%). Most respondents obtained moderate family support, as many as 129 (86.6%), and acceptance of illness was obtained by most respondents, who were moderately as many as 143 (96%).

Table 2. Frequency distribution of the role of family support in enhancing illness acceptance among heart failure patients

Family support	Illness acceptance				Total		ρ Spearman
	Medium		High				
	n	%	n	%	n	%	
Medium	124	83.4	5	3.4	129	86.6	0.007
High	19	12.8	1	0.7	20	13.4	
Total	143	96.0	6	4.0	149	100.0	

Table 2 shows that out of 129 respondents (86.6%), respondents who reported moderate family support, there were 124 respondents (83.4%) reported moderate disease acceptance, and 5 respondents (3.4%) reported high disease acceptance. Based on the results of statistical tests using the Spearman test, $\rho=0.007$ ($\rho<0.05$) was obtained. Thus, Ho is rejected, and Ha is accepted, which means a relationship exists between family support and disease acceptance. The correlation coefficient value shows the Spearman rho test $rxy = 0.219$. This shows that the result is positive, so the relationship between these variables is unidirectional.

DISCUSSION

These results show a correlation between family support and illness acceptance. The majority of respondents were aged 51-60 years. This study aligns with Permana et al. (2021) and Latifardani (2023), where most patients with heart failure are over 55-65 years old. According to Tersalvi et al. (2021), elderly patients with heart failure generally differ from younger patients in terms of comorbidities, disabilities, and drug therapy; they are often excluded from invasive and complex interventions that require therapeutic pathways tailored to their clinical status and life expectancy.

Male respondents dominate heart failure patients. This study is in line with researcher Donsu et al. (2020), who stated that the average gender of heart failure patients is male, which reaches 52%. The incidence of heart failure is higher in men due to smoking and excessive alcohol consumption, which increases the risk of various diseases compared to women.

The results of this study indicate that the majority of the work category is not working. This study aligns with research by Hudiyawati et al. (2024), which found that most heart failure patients did not work 56 people. Heavy work is a burden and can cause health problems, especially cardiovascular problems (Umara et al., 2020). Of the most respondents, not working aligns with research by Haryati et al. (2020), which involved 68 people (65.4%). Heart failure patients tend to experience economic difficulties due to the increased cost of care caused by the disease, and their financial problems are negatively affected. However, in this study, most respondents used health insurance facilities, so outpatient visits and treatment costs did not fully burden the patient's economy.

The results showed that most respondents had a high school education level. This study aligns with research by Putri et al. (2023), where most heart failure respondents had high school-level education (41%). Moreover, this study is in line with Permana et al. (2021), who state that the highest level of education is at the senior high school level (41.2%). A person with a higher level of education is more likely to receive information and have better knowledge than those with lower education, which affects their efforts to seek health information. Knowledge is a very important key factor in the formation of actions; behaviors based on knowledge will last longer than those not based on knowledge (Utami & Pratiwi, 2021).

The results showed that the disease duration in heart failure patients was mostly 1-3 years. This study is in line with research by Latifardani and Hudiyawati (2023), where 58% of respondents have suffered from heart failure for 1-5 years. Research conducted by Setianingsih (2022) found that most heart failure patients disease duration characteristics were 1-3 years, reaching 50.6% (Setianingsih & Hastuti, 2022). Over a more extended period, heart failure can cause changes that can worsen the patient's quality of life, such as the inability to do the work they did before. The patient's experience with the disease will also increase with the time they suffer from it (Latifardani & Hudiyawati, 2023).

The research results showed that family support was sufficient, namely 129 respondents (86.6%). This study is in line with research by Permana et al. (2021), which found that 36 respondents (42.4%) have sufficient family support. The study states that family support for heart failure patients is an attitude, action, and acceptance of the family in the form of services provided to the family. The expected support in caring for heart failure patients is information about the disease and handling of heart failure, emotional support, family involvement in listening to complaints, and motivation in taking medication while caring for heart failure patients. Instrumental support includes expectations of family participation when caring for heart failure

patients. Appreciation support provides encouragement and direction from the family when caring for heart failure patients. This study's family support includes emotional, instrumental, appreciation, and informational support (Susanto et al., 2022).

In this study, the AIS score showed that the results of moderate acceptance of the disease were 143 respondents (43%). The concept of disease acceptance cannot be separated from the idea of a holistic human being. Aspects of cognitive acceptance, emotional acceptance, and behavioral adjustment. Acceptance of the disease greatly influences patients' decisions to carry out pharmacological and non-pharmacological therapies (Arafah & Darliana, 2020). This study is in line with Sadeghiazar (2022) that disease acceptance is associated with heart failure patients' quality of life and adherence to treatment in a statistically significant manner (Sadeghiazar et al., 2022).

The role of the family will be beneficial if individuals seek consideration to build self-confidence in accepting the disease. The results of interviews with several respondents found about health control, food selection, and knowing the symptoms felt. The interview results also identified that the family wants to help the care process of heart failure patients, such as accompanying during control.

Families have the responsibility to help family members maintain health so that productivity is maintained. Good family support will provide the best response to behavioral assessments taken by patients so that heart failure patients can accept their illness and carry out the treatment program they are undergoing. Nurses must always involve the active participation of families in providing health education and assistance to families in nursing (Susanto et al., 2022).

CONCLUSION

Most respondents with moderate levels of family support had moderate disease acceptance. It can be concluded that there is a relationship between family support and disease acceptance in heart failure patients at General Hospital Surakarta in 2024. This study can provide input for patients and families with heart failure to provide family support to increase acceptance of the disease. Family members are the closest people to the patient and are expected to be better in providing support, informational support, assessment, instrumental and emotional support, and understanding the needs of heart failure patients. Nurses are also expected to always adhere to a comprehensive concept when providing services to heart failure patients, providing health education to heart failure patients, and providing motivational encouragement

AUTHOR'S DECLARATION

Authors' contributions and responsibilities
STP: Collected and processed the data, conception the manuscript; **BK:** Supervision, reviewed manuscript, and check grammar.

Availability of data and materials
All data are available from the authors.

Competing interests
The authors declare no competing interest.

REFERENCES

Ambali, D. D. W., Mangapi, Y. H., & Duma, D. (2022). Hubungan Dukungan Keluarga Dengan Mekanisme Koping Pada Lansia Di Lembang Rindingallo Kecamatan Rindingallo Tahun 2021. *Jurnal Ilmiah Kesehatan Promotif, 6*(2), 104-120. https://doi.org/10.56437/jikp.v6i2.64

Arafah, S., & Darliana, D. (2020). Hubungan Illness Acceptance Dengan Kualitas Hidup Pasien Gagal Jantung Di Poliklinik Jantung Rumah Sakit Um Um Daerah Dr . Zainoel Abidin Banda Aceh. *Idea Nursing Journal*, *11*(1), 43-48. https://doi.org/10.33859/jni.v1i1.16

Arifudin, N. F., & Kristinawati, B. (2023). Dampak Masalah Psikologis Terhadap Kualitas Hidup Pasien Gagal Jantung: Systematic Review. *Hijp : Health Information Jurnal Penelitian, 15*, 796.

Delima, P. P., Sriati, A., & Nur'aeni, A. (2018). Illness Cognition pada Pasien dengan Penyakit Jantung Koroner. *Journal of Nursing Care, 1*(1), 42. https://doi.org/10.24198/jnc.v1i1.15763

Dolan, P., Žegarac, N., & Arsić, J. (2020). Family Support as a right of the child. *Social Work and Social Sciences Review, 21*(2), 8-26. https://doi.org/10.1921/swssr.v21i2.1417

Donsu, R. A., Rampengan, S. H., & Polii, N. (2020). Karakteristik Pasien Gagal Jantung Akut di RSUP Prof Dr. R. D. Kandou Periode Januari-Desember 2018. *Medical Scope Journal, 1*(2), 30-37. https://doi.org/10.35790/msj.1.2.2020.27463

Fedorowicz, Olga, & Jaźwińska-Tarnawska. (2021). Determinants of disease acceptance in renal transplantation patients assessed with the application of Acceptance Illness Scale (AIS). *Journal of Pharmacy & Pharmaceutical Sciences : A Publication of the Canadian Society for Pharmaceutical Sciences, Societe Canadienne Des Sciences Pharmaceutiques, 24,* 308-316. https://doi.org/10.18433/jpps31592

Ferreira. (2019). World Heart Federation Roadmap for Heart Failure. *Global Heart, 14*(3), 197-214. https://doi.org/10.1016/j.gheart.2019.07.004

Harding, M., Kwong, J., Hagler, D., & Reinisch, C. (2022). *Lewis's Medical-Surgical Nursing*. Elsevier. https://evolve.elsevier.com/cs/product/9780323789615?role=student

Haryati, Saida, & Rangki, L. (2020). Kualitas Hidup Penderita Gagal Jantung Kongestif Berdasarkan Derajat Kemampuan Fisik dan Durasi Penyakit. *Faletehan Health Journal, 7*(02), 70-76. https://doi.org/10.33746/fhj.v7i02.134

Hreńczuk, M. K., Rudnicka, W., Piątek, T. D., & Małkowski, P. (2024, December). Acceptance of Illness and Health Behaviours of Patients with End-Stage Renal Disease Treated with Haemodialysis: A Single-Centre Study. *Healthcare* (Vol. 12, No. 24, p. 2562). MDPI. https://doi.org/10.3390/healthcare12242562

Hudiyawati, D., Chouhan, D. S., Wibowo, D. M., & Mujannidah, A. (2024). Spiritual Well-Being to the Quality of Life of Heart Failure Patients. *Jurnal Berita Ilmu Keperawatan, 17*(1), 26-35. https://doi.org/10.23917/bik.v17i1.3786

Latifardani, R., & Hudiyawati, D. (2023). Fatigue Berhubungan dengan Kualitas Hidup pada Pasien Gagal Jantung. *Jurnal Keperawatan Silampari, 6*(2), 1756-1766. https://doi.org/10.31539/jks.v6i2.5697

Ministry of Health Republic Indonesia. (2018). *Laporan Riskesdas 2018 Nasional*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Republik Indonesia. https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/1/Laporan Riskesdas 2018 Nasional.pdf

Pramesti, D. E., & Kristinawati, B. (2024). Tingkat dukungan keluarga terhadap efikasi diri pada penderita gagal jantung. *Holistik Jurnal Kesehatan*, *18*(6), 724-733. https://doi.org/10.33024/hjk.v18i6.352

Permana, R. A., Arief, Y. S., & Bakar, A. (2020). Dukungan Keluarga Berhubungan dengan Perilaku Perawatan Diri Pasien Gagal Jantung di Surabaya. *Jurnal Penelitian Kesehatan" SUARA FORIKES"(Journal of Health Research" Forikes Voice")*, *12*(1), 26-30.

Putri, A. D., Rizkifani, S., & Nurbaeti, S. N. (2023). Analisis Hubungan Perawatan Diri dengan Kualitas Hidup pada Pasien Gagal Jantung Kongestif. *Media Karya Kesehatan, 6*(2), 267-283.

Ramayanti, Y. R. W., Maulidia, R., & Sari, N. L. (2023). Hubungan Antara Dukungan Keluarga dengan TingkatKesembuhan Pasien COVID 19 yang Menjalani Isolasi Mandiri. *Professional Health Journal, 4*(2), 238-248.

Roger, V. L. (2021). Epidemiology of Heart Failure: A Contemporary Perspective. *Circulation Research, 128*(10), 1421-1434. https://doi.org/10.1161/CIRCRESAHA.121.318172

Sadeghiazar, S., Mobasseri, K., Gholizadeh, L., Sarbakhsh, P., & Allahbakhshian, A. (2022). Illness acceptance, medication adherence and the quality of life in patients with heart failure: A

path analysis of a conceptual model. *Applied Nursing Research, 65*(151583). https://doi.org/10.1016/j.apnr.2022.151583

Schwinger, R. H. (2021). Pathophysiology of heart failure. *Cardiovascular diagnosis and therapy*, *11*(1), 263. https://doi.org/10.21037/cdt-20-302

Setianingsih, M. P., & Hastuti, Y. D. (2022). Kelelahan pada Pasien Congestive Heart Failure. *Holistic Nursing and Health Science, 5*(2), 178-187. https://doi.org/10.14710/hnhs.5.2.2022.34-43

Susanto, J., Makhfudli, Yusuf, A., & Lestari, T. P. (2022). Correlation Between Family Support and Self-Care Behavior of Heart Failure Patients. *Malaysian Journal of Public Health Medicine, 22*(3), 253-258. https://doi.org/10.37268/mjphm/vol.22/no.3/art.1600

Tersalvi, G., Gasperetti, A., Schiavone, M., & Dauw, J. (2021). Acute heart failure in elderly patients: A review of invasive and non-invasive management. *Journal of Geriatric Cardiology, 18*(7), 560-576. https://doi.org/10.11909/j.issn.1671-5411.2021.07.004

Umara, A. F., Purnamasari, E., & Usniah, U. (2020). Hubungan Kepatuhan Minum Obat Dengan Kejadian Rawat Inap Ulang Pada Pasien Gagal Jantung Kongestif Di Rsu Kabupaten Tangerang. *Jurnal JKFT, 1*(2), 77. https://doi.org/10.31000/jkft.v2i2.65

Utami, A. P. (2022). Fitri,"Gambaran Karakteristik Personal pada Pasien Gagal Jantung: A Narrative Review Article. *J. Ilm. Keperawatan Indones*, *5*(1), 45-57. https://doi.org/10.54440/jmk.v5i2.129

Zuroida, A. (2019). Dukungan keluarga dalam proses rehabilitasi anak berhadapan dengan hukum. *Conference on Research & Community Services, 1*(1), 780-787.