



The Relationship Between Family Support and Rehospitality in Heart Failure Patients in Kemuning Room, Jombang Hospital

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ARTICLE INFO

Article History:

Submitted: 04-01-2023

Revised: 01-02-2023

Accepted: 04-02-2023

 doi.org/10.58545/jkmi.v2i1.47

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ABSTRACT

Congestive heart failure is a clinical problem that occurs in patients who have abnormalities, either hereditary or acquired in the structure and function of the heart, causing the development of a series of clinical symptoms of weakness and tightness as well as clinical signs of edema and crackles which result in hospitalization, poor quality of life, and shortened life expectancy. This study aims to determine the relationship between family support and re-hospitalization incidence in heart failure patients in the Kemuning room at Jombang Hospital. The research design used in this study is cross-sectional analytic. The population in this study were all heart failure patients in the Kemuning Room of the Jombang Hospital, with a total of 37 people. A sample of 33 respondents. The sampling technique used is purposive sampling. The research variable is family support and the dependent variable is the incidence of re-hospitalization in heart failure patients. which were analyzed using chi-square with $\alpha = 0.05$. The results of this study indicated that the majority (60.6%) of respondents had good family support, numbering 20 people, and the majority (69.7%) of respondents who were re-hospitalized in patients with heart failure were up to six months, totaling 23 people. The analysis results obtained $0.000 < 0.005$, meaning there is a relationship between family support and the incidence of re-hospitalization in heart failure patients in the Kemuning room at Jombang Hospital. From this research, it is hoped that nurses can maximize the role of the family as one of the support systems in caring for congestive heart failure patients undergoing re-hospitalization.

Keywords: Communication, therapeutic, anxiety, emergency, nurse

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How to cite:

Subianto, A., Kurdi, F., & Khoiri, A. N. (2023). The Relationship Between Family Support And Rehospitality in Heart Failure Patients in Kemuning Room, Jombang Hospital. *Jurnal Kegawatdaruratan Medis Indonesia*, 2(1), 43-52. <https://doi.org/10.58545/jkmi.v2i1.47>

I. INTRODUCTION

Congestive heart failure also known as CHF, is an inability of the heart to pump blood adequately throughout the body (Chowdhury & Chakraborty, 2017). CHF is a clinical problem that occurs in patients who have abnormalities (either hereditary or acquired) in the structure and function of the heart, causing the development of a series of clinical symptoms (weakness and tightness) and clinical signs (edema and crackles) that result in hospitalization. Poor life, and shortened life expectancy (Philbin, 2008). Currently, CHF is not only a cardiovascular disease whose incidence and prevalence are increasing but also a disease that most often requires re-hospitalization even though outpatient treatment has been given optimally (Lee et al., 2022). This is by Desai & Stevenson, (2012) statement that patients with CHF have a frequency of re-hospitalization of more than one time in 12 months.

Data from WHO (2012) shows that in 2008 there were 17 million or around 48% of deaths from cardiovascular disease. The risk of death from CHF ranges from 5-10% per year in mild CHF and increases to 30-40% in severe CHF. The prevalence of CHF in America in 2010 was around 6.6 million people and is expected to increase by 3.3 million people in 2030 (Savarese & Lund, 2017). Health Research Based on a

doctor's diagnosis, the prevalence of heart failure in Indonesia in 2013 was 0.13% or an estimated 229,696 people, while based on a doctor's diagnosis of symptoms, it was 0.3% or an estimated 530,068 people. The highest number of heart failure sufferers was in East Java Province, with 54,826 people (0.19%) (Tobing et al., 2020). The number of congestive heart failure patients hospitalized was 427 people (18.2%) and the average re-hospitalization was 5.7% within a year (Nair et al., 2020).

Based on data from the medical records of the Kemuning room at the Jombang Hospital, it was found that in October 2017 the number of heart failure patients was 42; in November 2017 the number of heart failure patients was 37, and in December 2017 the number of heart failure patients was 32 people (Jombang Hospital, 2017). Based on a preliminary study of 10 people, it was found that seven people had been hospitalized > 2 times and three people had been hospitalized one time.

CHF patients often return to be re-hospitalized because of the recurrence of episodes of CHF. Most of these occur because patients do not carry out medication therapy appropriately, violate dietary restrictions, do not comply with medical follow-up, do excessive physical activity and cannot recognize symptoms of

relapse (Smeltzer and Bare, 2010). According to Majid (Nair et al., 2020) The factors that influence patients to be re-hospitalized at the hospital are history before admission to the hospital and length of stay in the hospital, hypertension, age, gender, family support, lack of health education about self-care at home, inappropriate use of drugs, lack of communication from health care providers (caregivers) and lack of follow-up planning when patients return home.

Family support is a process of relationship between family and social environment. In all stages, family support enables families to play a role in various aspects of knowledge so that it will improve their health and adaptation to everyday life (Michaelson et al., 2021). According to Babaei & Abolhasani (2020) Family support can reduce the likelihood of re-hospitalization in heart failure patients. The importance of family support has been confirmed by a recent study that, in the presence or absence of strong emotional support, increases mortality and the incidence of re-hospitalization in patients

hospitalized with Cardio Heart Failure. Health nurses also need to pay attention to and continue to control patients regularly control patients who are re-hospitalized for heart failure patients utilization does not occur again.

Therefore, researchers are interested in taking the title Relationship of Family Support with Rehospitalization in Heart Failure Patients in the Kemuning Room at Jombang Hospital.

2. METHODS

The research design used quantitative with a cross-sectional approach. Participants/data sources in this study were all heart failure patients in the Kemuning Room of the Jombang Hospital on average three months a total three of 33 people. Sample 33. The variables studied were family support and the incidence of re-hospitalization in heart failure patients. The place and time research was carried out in the Kemuning Room of the Jombang Hospital in May 2018. Data collection used a questionnaire. Data analysis used the chi-square test.

3. RESULTS

Family support

Table 1 Distribution of the frequency of respondents based on family support in the Kemuning Room of the Jombang Hospital on June 12-July 11 2018

No	Family support	Frequency	Percentage (%)
1	Less	13	39.4
2	Good	20	60.6
	Total	33	100.0

Incidence of Rehospitalization in Heart Failure Patients

Table 2 Distribution of the frequency of respondents based on the incidence of rehospitalization in heart failure patients in the Kemuning Room of the Jombang Hospital on June 12-July 11 2018

No	Incidence of Rehospitalization in Heart Failure Patients	Frequency	Percentage (%)
1	< 6 months	10	30.3
2	> 6 months	23	69.7
	Total	33	100.0

Relationship between family support and rehospitalization in heart failure patients

Table 3. Cross-tabulation of the relationship between family support and rehospitalization in heart failure patients in the Kemuning Room on 12 June-11 July 2018

Family support	Incidence of Rehospitalization in Heart Failure Patients					
	< 6 months		> 6 months		Total	
	F	%	F	%	F	%
Less	9	27,3	4	12,1	13	39,4
Good	1	3	19	57,6	20	60,6
Total	10	30,3	23	69,7	33	100

Table 3 shows that of the 20 respondents with good family support, most of the events of re-hospitalization were in heart failure patients with a total of 19 respondents (57.6%).

From the results of the chi-square statistical test, a significant number or probability value (0.000) is much lower than the significant standard of 0.05 or ($r <$

a). H_0 data is rejected and H_1 is accepted, which means there is a relationship between Family Support for Rehospitalization in Heart Failure Patients in the Kemuning Room at Jombang Hospital. From the results of the statistical test of the correlation coefficient, a significant number is obtained with a value

of 0.564 which means it is in the moderate relationship category.

4. DISCUSSIONS

Family support

Table 1 shows that the majority (60.6%) of respondents have good family support, a total of 20 people. Family support is the attitude, action and acceptance of a family towards a sick or healthy family. Family members believe that supportive people are always ready to help and assist if needed (Kurniawati et al., 2020).

Family support is essential for a person. In this study, most of the family support was good. This makes heart failure patients drink more carefully, especially in maintaining heart health by avoiding foods that cause heart failure and thinking more relaxed so that they can make repeated hospitalizations in heart failure patients rare.

The more mature the level of maturity and strength of a person will be more mature in thinking. In terms of public trust, immature people are trusted by people who are not yet mature enough (Prior et al., 2011).

According to researchers of heart failure patients, there is family support, especially in maintaining heart failure health. Patients can take medication

regularly because there is good family support and patients are rarely re-hospitalized, especially for heart failure.

Education means guidance that is given by someone to other people on something so that they can understand. It cannot be denied that the higher a person's education, the easier it is for them to receive information, and in the end, the more knowledge they have. Conversely, if someone has a low level of education, it will hinder the development of one's attitude toward acceptance, information and newly introduced values (Megasari & Ardhianti, 2021).

Respondents with secondary education (SMA) can think more maturely that respondents feel that there is already support from the family to prevent heart failure re-hospitalization, due to good family support and the availability of families to control and take heart failure medication regularly. Patients with high school education get good support from their families because patients think positively about the importance of carrying out controls so that re-hospitalization does not occur.

Moats (2020) states that the ease of obtaining information can help accelerate a person's acquisition of new knowledge. A health worker is any person who devotes himself to the health sector and has

knowledge or skills through education in the health sector which for certain types requires the authority to carry out health efforts (WHO, 2010).

According to researchers, someone who gets information from a health worker tends to be more trusting because a health worker is someone who has extensive health knowledge and is an expert in the health sector, mainly on how to deal with anxiety levels before heart failure is carried out so that the level of anxiety can be reduced.

Incidence of Rehospitalization in Heart Failure Patients

Based on Table 2 The majority (69.7%) of respondents were rehospitalized in heart failure patients for up to six months, totaling 23 people. According to Veleleku et al. (2022) Factors that influence patients to be rehospitalized at the hospital are history before admission to the hospital and length of stay in the hospital, hypertension, age, gender, family support, lack of health education about self-care at home, inappropriate use of drugs, lack of communication from health care providers (caregivers) and lack of follow-up planning when patients return home.

According to researchers, rehospitalization in patients with heart

failure for up to six months shows that there is good support from the family regarding self-care at home, avoiding the use of inappropriate drugs and there is no further planning when the patient returns home, besides that the number of respondents is also small. Understand health education so they can avoid foods that can cause heart failure.

The older the CHF patient is, the higher the predictability of rehospitalization. Heart failure is the most common cause of hospitalization in the United States. This increase is closely related to the increasing age of a person (Retrum et al., 2013).

According to researchers, the average age for heart failure is > 35 years, so patients should maintain their health and take medication recommended by a doctor regularly so that re-hospitalization for heart failure does not occur.

According to Rodgers et al. (2019) male patients with congestive heart failure have a greater prevalence than women aged 40-75.

Table 3 shows that of the 20 respondents with good family support, most of the events of re-hospitalization were in heart failure patients with a total of 19 respondents (57.6%).

From the results of the chi-square statistical test, a significant number or

probability value (0.000) is much lower than the significant standard of 0.05 or ($r < \alpha$). H_0 data is rejected and H_1 is accepted, which means there is a relationship between family support and rehospitalization. Heart Failure Patients in the Kemuning Room of the Jombang Hospital. From the results of the statistical test of the correlation coefficient, a significant number is obtained with a value of 0.564 which means it is in the moderate relationship category.

Family support is a process of relationship between family and social environment. In all stages, family support enables families to play a role in various aspects of knowledge so that it will improve their health and adaptation to everyday life (Gao et al., 2021). According to Jasinski et al. (2018) Family support can reduce the likelihood of re-hospitalization in heart failure patients. The importance of family support has been confirmed by a recent study that the presence or absence of emotional support increases mortality and the incidence of re-hospitalization.

Family support is vital to improve patient self-care while at home; this is because respondents who get family support will be more motivated, do not exercise control, and take medication regularly according to doctor's recommendations, so re-hospitalization of

heart failure patients does not occur. Heart failure patients are rarely re-hospitalized, influenced by family support, especially regarding checking into health facilities such as hospitals or health centers (Shahriari et al., 2013).

According to the researchers, someone must take action to prevent re-hospitalization. This can be supported by the patient's desire to recover by carrying out normal controls to the hospital and family support that supports patients to take medication regularly.

5. CONCLUSION

Most of the family support in the Kemuning Room at Jombang Hospital is good. The incidence of re-hospitalization in heart failure patients in the Kemuning Room at Jombang Hospital is mostly $>$ six months. There is a relationship between family support and the incidence of re-hospitalization in heart failure patients in the Kemuning Room of the Jombang Hospital in the Kemuning Room of the Jombang Hospital, ($r = 0.000 < \alpha = 0.05$).

Professional Nurses can maximize the role of the family as one of the support systems in caring for congestive heart failure patients undergoing re-hospitalization.

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