

## The Effectiveness of Family Independence in Overcoming Health Problems in the Family

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### Keywords

care, nursing, family, independence, health problems

### Abstract

**Objective:** The research objective was to determine the effect of providing family nursing care on family independence in dealing with health problems in the family in the work area of the Nusawungu Health Center, Cilacap Regency.

**Methods:** The design used was a quasi-experimental one group pretest-posttest design. The total sample is 50 families that meet the inclusion criteria, with purposive sampling technique. Data analysis in this study was univariate and bivariate (dependent t test).

**Results:** The findings indicated that administering family nursing care had a notable impact on enhancing family independence in tackling health issues ( $p$  value = 0.000). Hence, it's crucial for Puskesmas nurses to offer nursing care to families by conducting home visits to aid them in managing their health problems, leading to a better health status for the family

### 1. Introduction

The goal of health development towards golden Indonesia 2040 is to increase awareness, willingness and ability to live healthily for everyone in order to realize an optimal degree of public health through the creation of an Indonesian nation and state society which is characterized by its inhabitants living in a healthy environment and behavior and having quality health degrees. fairly and evenly. The family, being the smallest entity in society, serves as the starting point for attaining optimal public health. Enhancing family health will result in an improvement in overall public health. Therefore, family health plays a crucial role in advancing public health. (Erta Iman Jelita Harefa, 2019) said that family is an important aspect of nursing. The reason for this is that the family unit has the ability to contribute to, hinder, disregard, or enhance the health issues experienced by its members. Furthermore, the family remains a key decision maker in promoting the well-being of its members. Consequently, it can be inferred that the family is the predominant factor influencing the health and illness of its members, which can result in various health problems for the family

The family occupies a position between the individual and society, so that by providing health services to the family, nurses get two benefits at once. The first

advantage is meeting the needs of individuals and families, the second is meeting the needs of society. In providing health services, nurses must be able to pay attention to values, family culture so that families can accept them. Health problems that arise in the family of course very much depend on how the family carries out the function of family health care.

Previous research by Meilianingsih & Setiawan (2017) stated that the involvement of family members in administering nursing care at home has a significant impact on the outcomes of care for elderly family members. Based on research findings, it is revealed that 51% of families are capable of performing family health care duties, whereas 49% are not. The study highlights that certain families have been successful in executing family health services by identifying health issues, making decisions to care for ill family members, tending to their needs, adapting the household setting, and seeking support from healthcare providers.

The study findings indicate that nearly half of the families surveyed (49%) were unable to fulfill their responsibilities for providing healthcare to their members. This situation can worsen the health issues experienced by ill family members. For instance, if a family member has hypertension and the family is unable to provide adequate healthcare, the condition may persist and deteriorate

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Hypertension that occurs for a long time and continuously can trigger strokes, heart attacks, heart failure and is the main cause of chronic kidney failure (Setyawatu & Irdianty, 2019). Indonesia, the elderly, especially for hemorrhagic strokes caused by uncontrolled hypertension (Sarani, 2021). According to WHO (2001), the number of deaths due to coronary heart disease caused by uncontrolled hypertension is 42.9%. So it can be seen that the high rate of complications is the result of ineffective or uncontrolled hypertension treatment at home. This is strongly connected to how healthcare is carried out within the family to take care of family members with high blood pressure (Yusuf, 2018).

Health problems in other families are also common, such as: malnutrition, upper respiratory tract infections (ARI), gastritis, and others. Based on data (Depkes, 2009), in Indonesia it is known that 157,000 babies die per year, or 430 babies die per day, and the under-5 mortality rate in Indonesia is still quite high, reaching 46 out of 1,000 children under five each year. When broken down, the deaths of these under-fives reach 206,580 under-fives per year, and 569 under-fives per day. The high mortality rate in infants and toddlers, besides being often caused by congenital health conditions of children and unhealthy environmental factors, is also strongly influenced by the lack of knowledge and ability of families to carry out family health care functions at home.

To enhance the capacity of families to manage healthcare matters within their own homes, it is

crucial for them to comprehend and execute the five tasks associated with family health, as outlined by (Many et al., 2019). The first task requires families to be able to identify various health issues experienced by all family members. The second task entails selecting appropriate nursing interventions to address these health issues. The third task involves providing adequate daily care at home. The fourth task necessitates the creation and modification of a home environment that fosters and enhances the health of all family members. Finally, the fifth task involves utilizing health services to manage health and treat health issues that cannot be resolved solely by the family

If a family receives guidance and coaching on the five functions of family health care, they will be able to

carry out the five family health tasks effectively and accurately (Yuliyanti & Zakiyah, 2016). Efforts to foster and guide families in order to achieve family independence in overcoming various health problems in the family can be carried out through the application of family nursing care.

According to the Indonesian Ministry of Health (2006), there are several criteria for family independence based on the level of independence, including: receiving health workers, receiving health services as per the family nursing plan, the family is knowledgeable and able to accurately articulate their health issues., utilizes health service facilities as recommended, performs nursing actions simple activities according to recommendations, take active preventive measures, and carry out active promotive actions (Utami, 2022).

The results of research by Agrina & Zulfitri (2012) showed that there was a significant influence of health factors on the independence of the elderly, based on the results of the logistic regression test, a significance value of 0.000 was obtained ( $p < 0.05$ ). The conclusion is that efforts are needed to achieve family independence in dealing with health problems in the family.

Based on the results of the preliminary study, it is known that the work area of the Nusawungu Cilacap Health Center is generally located in the Coastal area which is a water area, with varying socio-economic status, most of the socio-economic status is middle to lower, but there are still many families with middle-high socio-economic status. The results of interviews with the head of the Nusawungu Health Center, it is known that it is often flooded every year, so there is a high risk of various health problems due to an unhealthy environment, such as: Diarrhea, DHF, ARI, Dermatitis, etc. Whereas in the Limbungan Baru sub-district, based on the results of data collection carried out by students practicing the community, family and gerontic nursing profession in November 2019, data on health problems experienced by many families were upper respiratory infections (ARI, malnutrition, hypertension, rheumatism, and gastritis)

Other data obtained from interviews with the person in charge of the elderly health program at the Nusawungu Health Center, is the high number of health problems or degenerative chronic diseases in the elderly, such as: Hypertension, Diabetes Mellitus, and Rheumatism.

The severity of this disease is greatly influenced by the family's ability to control and care for sick family members at home. This shows that there is no family independence in carrying out the function of health care in the family. Based on the results of a survey directly to residential areas, it was found that the majority of families were at the level of independence I (first). The average family is only able to recognize a small number of family members' health problems and receive health workers (nurses), whereas the family has not made efforts to prevent and promote health.

According to this explanation, the researcher aims to investigate how family nursing care can enhance the capability of families to handle health issues and increase their independence.

## 2. Methodology

The design used in this study was a quasi-experimental one group pretest-posttest design which aims to determine the effect of providing family nursing care on family independence in overcoming family health problems. The sample in the study were 50 families that met the inclusion criteria, including: willing to be respondents, families with nuclear family types and extended family types, and there were health problems in the family. The sampling technique or method used purposive sampling in the working area of the Nusawungu Health Center. This research was conducted in RW 8 Danasri Village, RW 7 and RW

10 Banjareja Village. The data collection tool used is in the form of a questionnaire and observation guide which has been declared valid and reliable, which refers to the Indonesian Ministry of Health.

Observation items include receiving medical attention from authorized personnel, following the recommended health plan, accurately identifying and articulating health concerns, using healthcare facilities as directed, proactively engaging in preventative measures, and actively participating in health promotion activities Data was taken 2 times, namely before and after the family registration was carried out. Data analysis in this study was univariate and bivariate (dependent t test). Univariate analysis in the form of frequency distribution (%) and bivariate analysis to see family independence in dealing with health problems in the family before and after family nursing care ( $p < 0.005$ ).

## 3. Result and Discussion

### A. Level of Family Independence Prior to Family Nursing Care

The following is the outcome of a study conducted on the degree of self-sufficiency of families before receiving nursing care for their family.

**Table 1.** Frequency Distribution of Family Independence Levels Prior to Family Nursing Care

No	Independence Level	Amount	Percentage
1	Independence 1	10	20
2	Independence 2	18	36
3	Independence 3	21	42
4	Independence 4	1	2
Total		50	100

Table 1 illustrates that prior to the provision of nursing care in most households, 21 families (42%) had a level 3 level of family independence. This can be attributed to insufficient understanding among families about various health issues or illnesses that affect all family members. Moreover, families still lack the knowledge and skills required to undertake health care practices to prevent and address various health issues within the family. The low knowledge of the family is caused by various factors, including: the low level of education of the head of the family, the varying socioeconomic status of the family, and the limited number of health workers from the Puskesmas to foster families in their working areas. According to Notoatmodjo (2007), many factors influence health behavior, including: internal factors (knowledge, socioeconomic status), and external factors (social support, especially from health workers).

### B. Level of family independence after family nursing care

Below are the results of research on the level of family independence after the Family Nursing

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**Table 2.** Frequency Distribution of Family Independence Levels After Caring for Family Nursing

Independence Level	Amount	Percentage
Independence 1	0	0
Independence 2	1	2
Independence 3	14	28
Independence 4	35	70
<b>Total</b>	50	100

Table 2 shows that after effective family nursing care, the majority of families' independence level is level 4, which is 35 families (70%).

This is because the family has been fostered in caring for family members with various health problems at home through the application of professional family nursing care. Where by carrying out professional, systematic, continuous and continuous family nursing care, enhancing family understanding of five essential health tasks can be beneficial. These tasks include recognizing health issues in all family members, making informed decisions about nursing interventions, providing appropriate care when a family member is unwell, creating a healthy home environment, and utilizing available health facilities effectively (Talebi et al., 2022). Therefore, the goal is to enhance the degree of self-reliance within families as a means of preventing and conquering different health issues that may arise within the family unit.

According to Muamala (2018), there are several criteria for family independence based on the level of independence (levels of independence I – IV), including: receiving health workers, receiving health services As per the family nursing plan, the family is knowledgeable and capable of communicating their health issues accurately, utilizes health facilities in accordance with recommendations, performs basic nursing interventions as instructed, takes proactive measures to prevent health issues, and engages in activities that promote overall health and well-being.

### C. The effect of family nursing care on the level of family independence.

Below are the results of research on the average family independence before and after Family Nursing Care is carried out.

**Table 3.** The average distribution of family independence before and after family nursing care is carried out

Variable	Mean	SD	SE	P Value	N
Family independence before	2,26	0,803	0,114		
Family nursing care	3,68	0,513	0,073	0,000	50

Family independence after Family nursing care

Table 3 displays that giving nursing care to families has a notable impact on the degree of family self-sufficiency in addressing health issues within the family (with a p-value of 0.000). As per (Wahidah, 2017), the efficacy of family healthcare depends on the family's capacity to comprehend and carry out the five tasks of family health. The nurse's role is crucial in providing nursing care to the family and enabling them to receive coaching and guidance in carrying out these functions. The success of nurturing and guiding families is a crucial factor in the attainment of family independence in tackling different health issues. Family nursing care comprises a range of activities aimed at transferring knowledge and skills to families to help them address their health problems by adopting various strategies to improve their behaviors. These strategies include verbal and practical health education, as well as affective education to assess the family's adherence to overcoming health issues

To change behavior, the approach is to provide information on disease prevention and increase public awareness. This knowledge can help people behave in ways that align with the information they have received. According to Amminudin's study (2018), using health education methods can significantly

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increase knowledge. This study's results support Amminudin's findings, as the average level of family independence in dealing with health issues increased from 2.26 to 3.68 after receiving family nursing care. On average, families reached the fourth level of independence in managing health issues within the family.

The results of this study are in line with the results of research conducted by Meilianingsih (2017) which stated that there was an effect of home care services on the level of family independence in caring for family members with post-stroke in the treatment group, which obtained a value of  $p = 0.000$  ( $p < 0.05$ ). After the intervention, there were differences in the intervention group where 90% of the intervention group respondents showed compliance, but there was no change in the control group ( $p$ -value 0.00). There was no change in the satisfaction parameter in the first and last months of the study where the level of satisfaction was satisfied in the intervention group and quite satisfied in the control group. For clinical outcomes at baseline there was no difference in blood pressure in the two groups

#### 4. Conclusion:

The study's findings suggest that offering nursing care to most families can boost their level of independence from level 3 to 4. The analysis shows that providing family nursing care has a substantial impact on enhancing family independence when it comes to tackling health issues. It is crucial to provide family nursing care to aid families in overcoming health challenges. The Puskesmas is recommended to launch a family health program by activating Posbindu and Posyandu every month to promote the prevention of family health problems.

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