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The Relationship Between Family Support And Self Care Behavior In Patients With Congestive Heart Failure At The Time Of Discharge At Haji General Hospital Medan

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Abstract

Congestive heart failure is a chronic condition characterized by high incidence, morbidity, and mortality rates, necessitating ongoing management through self-care behaviors following hospital discharge. While family support has been shown to play a crucial role in enhancing the self care behaviors of CHF patients, limitations in both the support received and the patient's level of independence at the time of discharge remain common. This study aimed to examine the relationship between family support and self care behaviors in patients with Congestive Heart Failure at the time of hospital discharge. This study employed a descriptive correlational design with a cross sectional approach and was conducted at RSU Haji Medan. The study population consisted of 32 individuals, selected using a total sampling technique. Bivariate analysis was performed using the Spearman's Rank correlation test at a 95% confidence level ($\alpha = 0.05$). The results indicate that the majority of CHF patients at RSU Haji Medan received good family support at the time of discharge (59.4%) and demonstrated adequate self care behaviors (53.1%). There is a significant and strong relationship between family support and self care behaviors among CHF patients at the time of discharge, as evidenced by a p value of 0.000 (< 0.05) and a Spearman's Rank correlation coefficient of 0.626 (indicating a strong correlation). Future research is recommended to expand upon these findings by incorporating additional variables such as the family's level of knowledge, medication adherence, quality of life and broader social support.

Keywords: Family Support, Self Care Behavior, Discharge of Congestive Heart Failure Patients

INTRODUCTION

Congestive Heart Failure is a chronic condition in which the heart is unable to pump blood effectively to meet the oxygen and nutrient requirements of the body's tissues. This condition leads to fluid accumulation in the lungs, limbs, and other organs, resulting in symptoms such as shortness of breath, fatigue, and edema (Raja, 2020). CHF is a leading cause of repeated hospitalizations, particularly among elderly patients, as it necessitates close monitoring and long-term management. The care of CHF patients extends beyond medical therapy it also relies on the patient's active role in managing their lifestyle and adhering to their prescribed treatment (Clark et al., 2025). Consequently, upon discharge from the hospital, self-care behaviors play a crucial role in preventing the recurrence of symptoms and supporting an improved quality of life.

In the United States, approximately 6.7 million adults aged 20 or older suffer from heart failure. In 2023, heart failure was recorded on 452.573 death certificates, contributing to 14.6% of all deaths. This indicates that heart failure remains a serious public health issue requiring special attention. Beyond its clinical impact, heart failure also imposes a significant economic burden, with estimated costs reaching $30.7 billion in 2012. These costs encompass expenditures for healthcare services and medications used to treat heart failure, as well as productivity losses resulting from missed workdays (CDC, 2024).

The prevalence of Congestive Heart Failure in Indonesia has shown a significant upward trend in recent years. Based on 2019 data the Age Standardized Rate for CHF in Indonesia reached 900.90 cases per 100.000 population, making it the country with the third-highest prevalence in Asia, following China and Malaysia. According to the 2018 Basic Health Research (Riskesdas), the prevalence of CHF in Indonesia is estimated at 1.5%, or approximately 2.784.064 individuals (Indonesian Ministry of Health, 2018). Furthermore,

data from JACC Asia (2024) indicates that the one-year mortality rate for heart failure in Indonesia is notably high at 34.1% the highest among the Asian countries studied (Feng et al., 2024).

Data from the North Sumatra Provincial Health Office indicates that 9.228 cases of heart disease were recorded in the North Sumatra region throughout 2023. Of this total, Medan City accounted for the highest number with 3.855 cases, followed by Pematangsiantar City with 762 cases, Langkat Regency with 752 cases, Deli Serdang Regency with 551 cases, and Binjai City with 523 cases. Within the overall total 4.774 cases were identified as heart failure, the highest distribution was again in Medan City with 2.434 cases, followed by Langkat (442 cases), Pematangsiantar (305 cases), Binjai (271 cases), and Deli Serdang (176 cases). Additionally, 4.454 cases of coronary heart disease were recorded in the North Sumatra region (Buser Online, 2024).

Congestive heart failure remains a leading cause of morbidity and mortality worldwide, including in Indonesia. It occurs when the heart is unable to pump blood effectively to meet the body's metabolic demands, resulting in fluid accumulation in the lungs and other body tissues. The year-on-year increase in the number of Congestive heart failurc patients indicates that this condition requires comprehensive management encompassing not only medical therapy but also social support and optimal self care behaviors (Panchal, 2024). In this context, examining the factors that influence patients' self care behaviors becomes critically important (Munoz et al., 2020).

Self care behavior refers to a patient's ability to recognize symptoms, take preventive measures, adhere to treatment regimens, and manage their lifestyle to maintain the stability of their heart condition. Effective self care has been shown to reduce the risk of recurrence and hospital readmission in patients with congestive heart failure (Delliana et al., 2024). However, many patients struggle to sustain these behaviors, particularly after returning home following hospital discharge. The post-discharge period is a critical phase, as patients must readjust to their home environment without the direct supervision of healthcare professionals. Consequently, support from those in the patient's immediate circle especially family is essential to help them consistently carry out self care (Martin et al., 2025).

Family support plays a significant role in determining the extent to which a patient is able to effectively carry out self-care behaviors. Such support can take various forms including emotional, informational, and appraisal support, as well as instrumental assistance all of which facilitate the patient’s management of their illness (Zuhroidah et al., 2024). Families that provide positive support can enhance a patient’s motivation to adhere to treatment, manage their diet, and regulate physical activity in accordance with medical recommendations. Conversely, a lack of family support often leads patients to feel lonely and lose motivation, ultimately resulting in lower levels of adherence to self care. Consequently, the relationship between family support and the self care behaviors of patients with congestive heart failure (CHF) represents an important aspect that warrants further investigation (Qureshi et al., 2023).

By understanding the relationship between family support and self care behavior in patients with congestive heart failure at the time of hospital discharge, healthcare professionals can design more effective interventions to enhance family involvement in the care process. Such efforts not only assist patients in maintaining clinical stability after leaving the hospital but also have the potential to reduce readmission rates and improve long-term quality of life (Asman et al., 2023).

Several researchers have investigated the link between family support and self care behavior in CHF patients at the time of discharge. For instance a study by Permana et al. (2021) in Surabaya identified a strong correlation between family support and self care behavior among heart failure patients (correlation coefficient = 0.626 p = 0.000), suggesting

that better family support leads to improved self care behavior. Research by Atinirmala et al. (2024) at Dr. Saiful Anwar Regional General Hospital in Malang reported a very strong relationship between family support and self care (correlation coefficient = 0.856 p = 0.000) with a positive correlation; the mean scores for family support and self care among heart failure patients were 23.72 (52.71%) and 23.83 (52.95%), respectively. Another observational study, published in the journal Holistik reported that the level of family support is significantly associated with the self efficacy of heart failure patients (p = 0.000), indicating that family support plays a crucial role in enhancing a patient's ability to independently manage their condition. Furthermore, research conducted by Siregar et al. (2024) at Wulan Windy General Hospital, a significant result was obtained with a p value of 0.038, indicating a significant relationship between family support and the quality of life of patients with congestive heart failure. The majority of patients 61 respondents (62.9%) reported a good quality of life, while the majority 51 respondents (52.6%) received a high level of family support.

This study was conducted at RSU Haji Medan, located in the city of Medan, focusing on patients with congestive heart failure at the time of discharge. Data obtained from RSU Haji Medan indicate that there are 32 patients with Congestive Heart Failure each month. Preliminary field observations reveal that some patients still possess limited knowledge regarding self-care after being discharged from the hospital specifically concerning dietary management, medication adherence, and the regulation of physical activity. These findings serve as a crucial basis for this research to further analyze the effectiveness of patient education and nursing follow-up in enhancing the readiness of CHF patients to manage their own care at home.

A preliminary survey conducted by the researchers involving interviews with 10 patients with congestive heart failure at RSU Haji Medan who were in the process of being discharged aimed to assess the level of family support received and the self care behaviors practiced by these patients upon returning home. The interviews revealed that most patients felt they lacked optimal support from their families, particularly regarding assistance, supervision of medication adherence, and help with maintaining a proper diet and physical activity. Furthermore, some patients indicated that they did not fully grasp the importance of lifestyle adjustments, such as restricting salt intake, managing fluid levels, and regularly monitoring their body weight. These findings suggest that the patients' level of independence in managing their condition remains low. Based on the data and information previously presented, the researcher intends to conduct a study titled the relationship between family support and self care behavior in patients with congestive heart failure at the time of discharge.

RESEARCH METHODS

This study employs a descriptive correlational design with a cross sectional approach, aiming to describe the relationship between the independent and dependent variables. The research was conducted at Haji Hospital Medan. The study population consisted of all patients with congestive heart failure at Haji Hospital Medan with an average of 32 patients per month. The sample for this study comprised the entire population 32 individuals selected using a total sampling technique. The inclusion criteria for this study are: patients who have been diagnosed with congestive heart failure by a physician are currently receiving care at RSU Haji Medan and are preparing for discharge, are conscious and able to communicate effectively and are willing to participate as respondents by signing an informed consent form. Primary data were obtained directly from respondents answers to questions posed via a questionnaire, covering respondent characteristics, family support received by patients

with congestive heart failure and the patients selfcare behaviors at the time of discharge. Secondary data for this study consisted of information obtained from RSU Haji Medan, including the number of congestive heart failure patients the hospital profile and other data relevant to this research. The family support variable was measured by asking respondents 15 questions using a likert scale based on the perceived social support from family questionnaire. Responses on this scale are typically weighted as follows strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5). The self care behavior variable in patients with congestive heart failure at the time of discharge was measured using a questionnaire adapted from the short version of the self care of heart failure index which has been translated into Indonesian. The questionnaire consists of 15 items covering three dimensions such as self care maintenance, self care management, and self care confidence. Responses are scored using a 4 point likert scale always (4), often (3), sometimes (2) and never (1). Data processing involves editing, coding, data entry, and cleaning. Data analysis was performed using univariate and bivariate methods. Univariate analysis was used to describe the characteristics of the respondents and the distribution of each research variable, expressed in terms of frequencies and percentages. Bivariate analysis was conducted using the the Spearman's Rank correlation test at a 95% confidence level ($\alpha = 0.05$) to chi square test to determine the relationship between nurses' self efficacy and the performance of nursing care for cancer patients undergoing radiotherapy at the Medan City General Hospital, with a significance level of 0.05.

RESULTS AND DISCUSSION

Characteristics of Respondents

Based on the research findings, the characteristics of the research respondents can be seen in the following table.

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Frequency (n)	Percentage (%)
Age		
< 65 years	10	31.3
≥ 65 years	22	68.7
Total	32	100
Gender		
Male	13	40.6
Female	19	59.4
Total	32	100
Highest Level of Education		
Basic (Elementary/Junior High School)	23	71.9
Secondary (Senior High School)	7	21.9
Higher (College/University)	2	6.2
Total	32	100
Employment Status		
Employed	4	12.5
Unemployed	28	87.5
Total	32	100

The table shows that the majority of respondents fall into the age group of ≥ 65 years, totaling 22 respondents (68.7%), while 10 respondents (31.3%) are under the age of 65. Regarding gender, female respondents make up the largest portion of the sample with 19 respondents (59.4%), whereas male respondents account for 13 respondents (40.6%). In terms of education level the majority of respondents completed their formal education at the

primary or junior secondary level (elementary/middle school) totaling 23 respondents (71.9%), while those with a higher education (university level) represent the smallest proportion at 2 respondents (6.2%). Regarding employment status the majority of respondents are not currently employed, totaling 28 respondents (87.5%), 4 respondents (12.5%) are still employed.

Tabel 2 Frequency Distribution of Respondents Based on Family Support for Patients with Congestive Heart Failure at the Time of Discharge from RSU Haji Medan

Family Support	Frequency (n)	Percentage (%)
Good	19	59.4
Poor	13	40.6
Total	32	100

The table presents data showing that the majority of congestive heart failure patient 19 respondents (59.4%) received good family support upon discharge, while 13 respondents (40.6%) were recorded as having a lower level of family support.

Table 3. Frequency Distribution of Respondents Based on SelfbCare Behavior Among Congestive Heart Failure Patients at Discharge from Haji General Hospital Medan

Self Care Behavior	Frequency (n)	Percentage (%)
Adequate	17	53.1
Inadequate	15	46.9
Total	32	100

The table presents data showing that the majority of respondents 17 respondents (53.1%) exhibit adequate self care behavior, while 15 respondents (46.9%) still demonstrate inadequate self care behavior.

Table 4. The Relationship Between Family Support and SelfbCare Behavior in Patients with Congestive Heart Failure at the Time of Discharge from RSU Haji Medan

Variables	Statistical Test	Family Support	Self-Care Behavior
Family Support	Correlation Coefficient	1.000	0.626**
	Sig. (2-tailed)	–	0.000
	N	32	32
Self-Care Behavior	Correlation Coefficient	0.626**	1.000
	Sig. (2-tailed)	0.000	–
	N	32	32

**. Correlation is significant at the 0.01 level (2-tailed).

The statistical test results from the bivariate analysis yielded a p value of 0.000 (< 0.05), indicating a significant relationship between family support and self care behavior among patients with congestive heart failure at the time of discharge from RSU Haji Medan. The Spearman's Rank correlation coefficient was 0.626 which suggests that the strength of the relationship between the two variables falls into the "strong" category (within the range of 0.600–0.799).

Family support for patients with congestive heart failure at the time of discharge

Research findings indicate that the majority of congestive heart failure patients at RSU Haji Medan 19 respondents (59.4%) received good family support at the time of discharge, while 13 respondents (40.6%) reported a lower level of family support. Previous research by Sulastini et al. (2025) in Garut, which involved 105 congestive heart failure patients, found that the majority of patients experienced a high level of family support (81%). Yoyoh et al. (2021), in their study at Mayapada Hospital in Tangerang, reported that most congestive heart failure patients (72%) received good family support with about 66% also

reporting a good quality of life. Another study by Lubis et al. (2024) examined the relationship between family support and self care management among congestive heart failure patients at the Cardiology Clinic of RSU Wulan Windy Marelan. Involving 97 congestive heart failure patients, the study demonstrated a significant correlation between family support and the patients self care management abilities (p = 0.008). Social support can be understood as any form of attention, assistance, or interaction provided by others within one's social environment with whom one shares an emotional bond. This support may take the form of information, advice or concrete actions that provide emotional and psychological benefits to the recipient. Family social support is an ongoing relational process between family members and their surrounding environment. While the types and forms of this support may evolve across different stages of life, its essence remains constant: providing a sense of security, being valued and feeling loved for every family member (Muhith & Siyoto, 2021).

According to the researchers, these findings indicate that the majority of congestive heart failure patients at RSU Haji Medan receive good family support at the time of discharge. This situation reflects an active role by the family in helping patients understand their health conditions, follow care recommendations and maintain adherence to prescribed treatments and suggested lifestyle changes. Strong family support also contributes to a greater sense of security and better prepares patients to continue their care independently at home. Conversely, a small proportion of respondents still experience inadequate family support, which may hinder their ability to perform self care effectively and potentially increase the risk of relapse and rehospitalization.

Self care behavior in patients with congestive heart failure at the time of discharge

Research findings indicate that the majority of respondents at RSU Haji Medan 17 respondents (53.1%) demonstrate adequate self care behavior, while 15 respondents (46.9%) exhibit inadequate self care behavior. A study by Santika et al. (2023) at RSUD Al Ihsan revealed that the majority of CHF patients approximately 61.1% of the total respondents practice good self-care, whereas the remaining 38.9% demonstrate poor self care behavior. Another study, conducted by Sampelan (2023) 99 patients with congestive heart failure, found that 53.5% of respondents engage in good self care, while 46.5% exhibit poor self care. Furthermore, this study noted that 57.6% of patients receive good family support, and a correlation was identified between self care, family support, and the quality of life of congestive heart failure patients.

Self care behavior refers to a series of actions consciously taken by an individual to maintain, manage, and improve their health status. These actions encompass efforts to prevent complications, manage symptoms, and adopt behaviors that support recovery and quality of life (Moorhead, 2023). For patients with chronic conditions such as congestive heart failure self care is critical as a weakened heart requires constant vigilance regarding signs of clinical deterioration and the implementation of lifestyle adjustments (Martin et al., 2025). According to the researchers, the findings indicate that the majority of respondents at RSU Haji Medan demonstrate adequate self care behavior, reflecting their ability to manage their own health. This includes adherence to treatment, regulation of daily activities, management of fluid intake and diet, and monitoring of symptoms related to their medical conditions. Such adequate self care behavior reflects a good level of knowledge and awareness regarding the importance of self care in preventing the deterioration of one's health status. Conversely a small proportion of respondents still exhibit inadequate self care behavior, suggesting limitations in their understanding, motivation or the support required to carry out optimal self care at home.

The relationship between family support and self care behavior in patients with congestive heart failure at the time of discharge

The research results yielded a significance value of 0.000 (< 0.05) and a Spearman's Rank correlation coefficient of 0.626. This indicates a strong relationship between the two variables (falling within the 0.600–0.799 range), signifying a significant association between family support and self care behavior among patients with congestive heart failure at the time of discharge from RSU Haji Medan.

Previous research by Permana et al. (2021) in Surabaya identified a strong correlation between family support and self care behavior in heart failure patients (correlation coefficient = 0.626 p = 0.000), suggesting that better family support leads to improved self care behavior. A study by Atinirmala et al. (2024) at Dr. Saiful Anwar Regional General Hospital in Malang reported a very strong positive relationship between family support and self care (correlation coefficient = 0.856 p = 0.000), with mean scores of 23.72 (52.71%) for family support and 23.83 (52.95%) for self care among heart failure patients. Another observational study published in the journal holistic found that the level of family support is significantly associated with the self efficacy of heart failure patients (p = 0.000), indicating that family support plays a crucial role in enhancing a patient's ability to independently manage their condition. This is further supported by the findings from the study conducted by Siregar et al. (2024) At Wulan Windy General Hospital, a significant result was obtained with a p value of 0.038, indicating a significant relationship between family support and the quality of life of patients with congestive heart failure. The majority of patients 61 respondents (62.9%) reported a good quality of life, while the majority 51 respondents (52.6%) received a high level of family support.

In congestive heart failure the heart fails to pump an adequate amount of blood, leading to fluid accumulation in the lungs and other body tissues a condition that can trigger shortness of breath, coughing, or the production of phlegm. This condition may also cause the heart chambers to dilate to accommodate more blood, or result in the thickening and stiffening of the heart muscle; consequently, the heart's pumping capacity weakens, leaving it able to sustain blood flow only for a limited duration (Clark et al., 2025). According to the researchers, these findings clearly demonstrate a significant association between family support and self care behaviors among patients with congestive heart failure upon discharge from RSU Haji Medan. Family support plays a crucial role in helping patients understand their medical condition, adhere to treatment regimens, and consistently implement self care practices at home. The involvement of family in the care process provides emotional reinforcement, motivation, and practical assistance, encouraging patients to be more disciplined in carrying out self care behaviors. Patients who receive strong family support tend to exhibit more optimal self care capabilities, including in the management of symptoms and the prevention of recurrence. These findings underscore that family support is a vital factor influencing the success of ongoing care for congestive heart failure patients following their discharge from the hospital.

CONCLUSION

The majority of congestive heart failure patient respondents at RSU Haji Medan received good family support at the time of discharge (59.4%). The majority of respondents at RSU Haji Medan demonstrated adequate self care behavior (53.1%). Family support has a significant relationship with self-care behavior among patients with congestive heart failure at the time of discharge at RSU Haji Medan (p=0.000 < 0.05). The Spearman's rank correlation coefficient obtained is 0.626, indicating that the strength of the relationship between these two variables falls into the "strong" category (within the range of 0.600–

0.799). patient respondents at RSU Haji Medan received good family support at the time of discharge (59.4%). The majority of respondents at RSU Haji Medan demonstrated adequate self-care behavior (53.1%). Family support has a significant relationship with self care behavior among patients with congestive heart failure at the time of discharge at RSU Haji Medan ($p=0.000 < 0.05$). The Spearman's rank correlation coefficient obtained is 0.626 indicating that the strength of the relationship between these two variables falls into the "strong" category (within the range of 0.600–0.799).

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