

Family Barriers Treating Heart Failure Patients

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Abstract. This research aims to explore the barriers that families experience in treating heart failure patients. Qualitative design was chosen to get information by conducting in-depth interviews on 19 families of heart failure sufferers. Data analyzed using content analysis techniques on verbatim transcripts obtained from interviews manually. The study produced five themes, namely 1) lack of knowledge to be a family inhibition factor in treating heart failure patients, 2) nonpharmacological therapy is given to families to address heart failure complaints, 3) instrumental and emotional support provided by families in treating heart failure patients, 4) attitudes to surrender to God being a family force in treating heart failure patients, and 5) changes in the patient's health condition leading to a change in the role of heart failure patients in the family. The results concluded that families experience barriers in providing instrumental and emotional support due to a lack of knowledge and pessimistic attitudes due to changes in heart failure patients' conditions. The results of this study are expected to have implications for hospital services. Hospital management is expected to provide a particular nursing assessment form of family knowledge about the care of heart failure patients at home and health education for families to be of the interventions in patient care

Keywords: Barriers in care; Family; Heart Failure; Qualitative Research

1 Introduction

The heart is an organ that serves to pump blood containing oxygen, residual metabolism, and hormones that are important for the functioning of organs in the body [1] If the heart has abnormalities, then the function of the heart as a blood pump will fail. [2] stated that heart failure is a symptom or syndrome of the heart with a loss in pumping blood. The body resulting in unfulfilled metabolism to meet the needs of nutrients, and there is a lack of oxygen to the body's organs and impacts the decrease in body function.

Symptoms arising from decreased body function of heart failure patients include weak body, rapid fatigue, pounding, tightness during activities, tightness at night, tightness at rest, cough, anorexia, and cold sweats [1]. Heart failure sufferers are treated by taking general measures to lower heart workload [3]. On the other hand, prevent pain, reduce the risk of decreased cardiac bulk, improve self-care ability, reduce anxiety, comply with early treatment programs, and prevent complications.

Decreased bodily functions require the family's role as a service provider to care for patients while at home. One of the parts and duties of the family in health care is to care for sick family members [4]. Families in Indonesia are an integral part of the patient caregiving process and play an essential role in the treatment and recovery period of patients [5]. Family as Caregiver

heart failure patients contribute to self-care, self-care, symptom monitoring, and self-care management [6]. The family's role in self-maintenance includes monitoring treatment, educating patients about monitoring symptoms, providing motivation in conducting activities, and monitoring dietary arrangements, and suggesting a low-salt diet. The family's role in self-care management, such as recognizing symptoms and the implementation of treatment [7]. Heart failure patients' self-care ability is influenced by social support, control of emerging symptoms, and knowledge possessed by the family [8]. Although families contribute to self-care care and management of heart failure patients, some of their practices were incorrect. This study aims to explore family barriers in treating heart failure patients.

2 Method

The research was conducted in Surakarta regional hospital from September to December 2018. We conducted qualitative studies with a phenomenology approach that focused on the subjective experiences of individuals experiencing phenomena. The method was used to achieve the research's goal of identifying family barriers in treating heart failure patients.

We select informants based on established sample criteria, such as the core family of heart failure sufferers who are at least 18 years old, have provided treatment for at least six months, and live with the patient. Data collected by BK and MS with face-to-face in-depth interviews with a duration of 45-60 minutes. Interviews are conducted in hospital parks or other places desired by informants. Researchers also read the patient's medical records to confirm the patient's history of illness and treatment. The nonverbal responses interpreted by the researchers were recorded in field notes. We offer informants for interviews in Javanese or Bahasa Indonesia. We probing to explore important information submitted by informants, and interview guides are used to cover the topics explored: (a) the meaning of caring for family members of heart failure, (b) family members' views on heart failure patients, (c) form of support in the patient care process, (d) the role of the family in patient care, and (e) difficulties experienced by families in patient care.

Furthermore, for data processing and analysis, all recordings of the interview were made verbatim transcripts. Field notes were added when writing verbatim transcripts. Seven-step Collazi data analysis was conducted to obtain an overview of family barriers in providing care for heart failure patients. We perform data analysis manually to register the analysis unit, code, category of verbatim transcripts. BK and MS conducted coding independently. The consensus is obtained after the results were discussed with SR and TH.

Researchers also triangulated information from other family members, nurses, and medical records. Besides, bracketing is done from the beginning of data collection during data analysis. Peer debriefing with all authors was conducted to discuss the code, categories, and themes generated from the data.

3 Results and Discussion

3.1 Result

The proportion of most female participants was about 57% by the age of \leq 23, as much as 43%. The highest education level in high school with experience caring for family members is the highest proportion of 2 years as much as 30%.

Our analysis found six categories of family barriers treating heart failure patient: (a) limited family knowledge, (b) support given to patients, (c) treatment given when symptoms appear, (d) psychological management, (e) changes in the patient role during illness, and (f) impact of the patient disease on family psychology. Table 1 describes the codes formed from categories.

Table 1. Examples of coding process

Meaning unit	Code	Category
".... complained chest pain and shortness of breath. At that time, I thought stomach acid increased, and it turned out that after checking to the doctor there was swelling of the heart" (P7)	Families do not know the signs and symptoms of heart disease	Limited family knowledge
"I do not expect much with the condition of my father who is often hospitalized...." (P19)	Despair at the patient's condition	Impact of the patient disease on family psychology
"When my mother can't sleep because of shortness of breath yes, I massage his feet, her back or compressed using warm water after that usually she sleeps" (P4)	Nonpharmacological therapy is given to families	Treatment given when symptoms appear
"Since Mom was sick, yes, I took care of her at home..., helped all the needs of her and made sure the medicine was always consumed" (P9)	Family brings to health care Trust in the health service Dietary restrictions Set of menu encouraging	Support given to patients
"It's acceptable that his current condition... we are sure that everything is god's. The important thing is not to give up" (P11)	Emotion management Surrender to God Patient	Psychological management
"Since my husband is sick, the cost of living for the children must be my responsibility, I also can't work because I have to take care of him" (3)	No one makes maintenance No one takes care of the husband.	Changes in the patient role during illness

3.1.1 Lack of knowledge to be a family inhibition factor in treating heart failure patients

The participants' lack of knowledge was the lack of information about the health problems faced by their family members and the actions that must be taken when symptoms of the disease arise. This less of the source of knowledge from the low-income family desire to know the disease exist condition family members. Participants did not know the signs and symptoms that the patient showed were signs and symptoms of heart disease. Participants' signs and symptoms are commonly encountered by participants: shortness of breath, nausea, and swollen feet. The participants' expressions as follows:

"... When you are short of breath, I recommend take a rest, because I do not know if he has heart failure and should be done" (P12)

3.1.2 Nonpharmacological therapy is given to families to address heart failure complaints

The family's nonpharmacological therapy to address heart failure complaints meant that participants took measures to address the symptoms of heart disease that arose in their family members by not giving drugs containing chemicals. Participants performed non pharmacological actions in the form of giving massages. Here's a participant's expression:

"..... If the breath is heavy, ask for rest and massaged his back to make it more comfortable. Or I recommend regulating breath" (P1)

3.1.3 Instrumental and emotional support provided by families in treating heart failure patients

The participants interpreted the participants' instrumental support by assisting the sick family by taking medication, arranging the intake of food at home, and helping to meet daily needs activities. When feeling unbearable pain, the family took the patient to the health service. Emotional support is interpreted as emotional support given to calm the mind so that family members who suffer from heart failure have the spirit to deal with the disease. The participants' nonverbal response when conveying information related to emotional support provided was unequivocal and told in a loud voice. Here's an excerpt of the participant's expression:

"Fatty foods such as meat containing cholesterol, should not be his consumed.... I arrange and plan his diet" (P1)

"Pain is a test of God, so must accept and patiently face the reality that is happening today" (P6)

3.1.4 Attitudes to surrender to God being a family force in treating heart failure patients

The surrender meant that his pain is a test from God, and the family gave all circumstances to God by praying. Participants are positive-minded and convince themselves and patients that all diseases have a cure so that their current obligation is to give thanks and submit to God. Participants occasionally subdued the view and looked at the patient when disclosing some of the following quotes:

"It's acceptable that his current condition... we are sure that everything is god's. The important thing is not to give up" (P11)

3.1.5 Changes in the patient's health condition leading to a change in the role of heart failure patients in the family

The change of role means a change in the position and duties of an individual in the family. The participants' role change was the role of a wife or mother to take care of her husband and child changed due to illness. Here's an excerpt from the participant's expression:

"... my wife is sick so the work she used to do now I have to finish it" (P12)

3.2 Discussion

The level of family knowledge can affect his ability to care for family members suffering from heart failure. According to [9] education level affects the level of health knowledge.

According to [10] the physical and psychological management of heart failure sufferers who experience fatigue can be by giving a back massage. Back massage can relax the muscles of the back area. Statistical test results showed a decrease in fatigue scores shortly after back massage intervention. The massage was done by participants when the patient experienced discomfort and difficulty sleeping.

According to chronic [11] conditions require lengthy and costly treatment procedures. Heart failure disease suffered by this patient requires instrumental support from the family to overcome physical limitations. The support provided by the family can be used as a useful intervention to improve the behavior of self-care of heart failure patients [12]. [13] demonstrates the presence of a lifestyle towards the pulse of Heart Failure Patients, and lifestyle settings can be successful with the support of health professionals and the positive behavior of patients and the patient's family support.

The patient's family builds confidence by handing over his sick family to God, looking positively, and always praying. Explain that human relationship with God can be done one then by praying. Praying is a participant's strength in interpreting the meaning of pain suffered from heart failure patients. There is a clear link between spiritual well-being and individuals' or families' increased ability to cope with stress and illness [4].

[14] stated that the family's support family provides stimulus to the family's mind that the family cares about his condition and hopes to recover quickly. Research by [15] obtained the results that caregivers' support is essential to healing sufferers both in terms of physical, psychosocial, and spiritual. Family support needs to be given to people with heart failure, as sufferers worry it will be a burden on their families [15] Participants have varied occupations. The work required participants to be able to divide time between working and treating heart failure patients. The family's function in the economy is to meet the needs of the family economically and a place to develop individual abilities as an effort to increase income [4].

4 Conclusion

It can be concluded that the theme of instrumental support provided by families in treating heart failure patients and the emotional support provided by families in treating heart failure patients accommodates the meaning of family care in heart failure patients. The theme of changing patient health conditions led to a change in the role of heart failure patients in the family-accommodating the purpose of the investigation to know the family's view of the situation of heart failure patients. The theme of nonpharmacological therapy given families to address heart failure patients' complaints accommodates the purpose of research to find out the perception of families treating heart failure patients. The theme of a lack of knowledge is a factor inhibiting families in treating heart failure patients. It accommodates the study's purpose to determine the family's perception of weaknesses in treating heart failure patients. And the family's hope in treating heart failure patients is accommodated by the theme of surrender to God being the family's strength in treating heart failure patients.

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