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## **IMPLEMENTATION OF FAMILY NURSING CARE ON THE LEVEL OF FAMILY INDEPENDENCE IN OVERCOMING FAMILY HEALTH PROBLEMS**

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### **ABSTRACT**

The family, as the smallest social unit, is interdependent and crucial in addressing health issues collectively. Family nursing care involves transferring knowledge and skills to enable families to independently manage health problems, aiming to foster behavioral change toward better health practices. This study investigates the impact of family nursing care on the level of family independence in managing health issues in Banjar Kesambi, Kerobokan. Using a quasi-experimental one-group pretest-posttest design, 60 families meeting specific criteria were selected through purposive sampling. Data were analyzed using univariate and bivariate (dependent T-test) methods. Results indicated a significant positive effect of family nursing care on family independence in managing health challenges ( $p$ -value = 0.000).

Keywords: care; family; health problems; independence; nursing

### **INTRODUCTION**

The family is the smallest unit in society, which is the entry point in efforts to achieve optimal public health. Achieving family health will realize the achievement of increasing public health. Thus, family health is the main key to developing public health. Friedman (2003) said that the family is one of the important aspects in nursing. This is because the family as a group can cause, prevent, ignore or fix health problems in it. In addition, the family is the one that continues to play a role as a decision maker in maintaining the health of its members. Thus, it can be concluded that the family is the determining factor in the health of family members, which will have an impact on the emergence of various health problems of family members.

Health problems that arise in the family certainly depend on how the family carries out the family health care function. Previous research by Zulfritri R, Agrina, and Herlina (2011) in Umban Sari Village, Rumbai Health Center working area showed that 51% of families were able to carry out the family health care function, while 49% of families were unable to carry out the family health care function. The results of this study show that some families have been able to carry out the family health care function starting from the family recognizing the problem, the family making decisions to care for sick family members, caring for sick family members, modifying the home environment, and the family utilizing existing health services.

The results of this study also show that almost half of the families (49%) have not been able to carry out the function of family health care. This condition can certainly worsen the health problems experienced by sick family members. For example, hypertension in family members, if the family is unable to carry out the function of family health care for the sick family member, of course the hypertension will continue and get worse. Purnomo (2009) said that hypertension that occurs in the long term and continuously can trigger stroke, heart attack, heart failure and is the main cause of chronic kidney failure. Misbach (2005) said that in Indonesia, stroke attacks 36% of the elderly, especially for hemorrhagic stroke caused by uncontrolled hypertension. According to WHO (2001), the number of deaths due to coronary heart disease caused by uncontrolled hypertension reached

42.9%. So it can be seen that the high number of complications is the result of ineffective or uncontrolled hypertension treatment at home. This is closely related to the implementation of health care functions within the family in caring for family members who experience hypertension. Other health problems in families that are also often found, such as: malnutrition, upper respiratory tract infections (URTI), gastritis, and others. Based on data from the Indonesian Ministry of Health (2009), in Indonesia it is known that 157,000 babies die per year, or 430 babies die per day, and the infant mortality rate in Indonesia is still quite high, reaching 46 out of 1,000 toddlers each year. This infant mortality rate reaches 206,580 toddlers per year, and 569 toddlers per day. The high infant and toddler mortality rate, in addition to often being caused by congenital child health conditions and unhealthy environmental factors, is also greatly influenced by the lack of knowledge and ability of families to carry out family health care functions at home.

In an effort to improve the family's ability to carry out family health care functions at home, it is important for families to understand and carry out five family health tasks. Friedman (2003) stated that the five family health tasks include: first, families are expected to be able to recognize various health problems experienced by all family members. Second, families are able to decide on appropriate nursing actions in dealing with various health problems experienced by all family members. Third, families are able to carry out appropriate daily care at home. Fourth, families can create and modify a home environment that can support and improve the health of all family members. Fifth, families are expected to be able to utilize health services to control health and treat health problems that cannot be resolved by the family itself. The five family health tasks can only be carried out properly and correctly if the family receives coaching and guidance efforts in carrying out the five functions of family health care. Coaching and guidance efforts for families to achieve family independence in overcoming various health problems in the family can be done through the implementation 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 according to the family care plan, the family knows and can express their health problems correctly, utilizing health service facilities according to recommendations, carrying out simple nursing actions according to recommendations, actively carrying out preventive actions, and actively carrying out promotive actions. The results of Suhartini R's (2006) study showed a significant influence of health factors on the independence of the elderly, based on logistic regression obtained a significance value of 0.000 ( $p < 0.05$ ). The conclusion is that efforts are needed to achieve family independence in overcoming health problems in the family.

Based on the results of the preliminary study, it is known that the working area of Rumbai 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 lower middle, but there are still many families with upper middle socio-economic status, especially families in the Limbungan Baru Village area. The results of the interview with the head of Rumbai Health Center, it is known that Meranti Pandak Village is often flooded every year, so it is at high risk for various health problems due to an unhealthy environment, such as: Diarrhea, DBD, ARI, Dermatitis, etc. While in Limbungan Baru Village based on the results of data collection conducted by community, family, and geriatric nursing professional practice students in November 2011, data was obtained on health problems that are often experienced by families are 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 Rumbai Health Center, is the high number of health problems or chronic degenerative 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 direct survey to residential areas in Limbungan Village, it was found that the majority of families were at level I (first) of independence. On average, families are only able to recognize a small part of their family members' health problems and accept health workers (nurses), while families have not yet carried out prevention efforts and health promotion efforts. Based on the issues and background described, this research seeks to evaluate the effectiveness of family nursing care (Askep) in fostering greater independence among families in addressing and managing their health problems. Specifically, the study will assess how knowledge transfer and skill development through family nursing care can empower families to take active roles in recognizing, preventing, and treating health issues within the household. This objective includes exploring the influence of family nursing interventions on various aspects of family independence, such as their ability to perform simple treatments, utilize health facilities, and engage in preventative and promotive health measures. The research is conducted with the goal of providing insights into the potential of family nursing care to build sustainable family health practices and support long-term well-being within communities.

## METHOD

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 was 50 families who 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 was the purposive sampling method in the working area of the North Kuta Health Center. This study was conducted in Banjar Kesambi Kerobokan. The data collection tools used were in the form of questionnaires and observation guides that had been declared valid and reliable, which referred to the Indonesian Ministry of Health. Observation items consisted of receiving officers, receiving health services according to plan, knowing and being able to express health problems correctly, utilizing health service facilities according to recommendations, taking active preventive measures, taking active health improvement (promotive) measures. Data were taken 2 times, namely before and after the family nursing care 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 the independence of families in overcoming health problems in the family before and after family nursing care was carried out ( $p < 0.005$ ).

## RESULT AND DISCUSSION

Level of Family Independence Before Family Nursing Care is Carried Out. The following is the result of research on the level of family independence before Family Nursing Care is carried out.

Table 1.

Level of Independence (KM)	f	%
KM 1	10	20
KM 2	18	36
KM 3	21	42
KM 4	1	2

Table 1 shows that before nursing care was provided to families, the majority of families' level of independence was level 3, namely 21 families (42%). This is due to the lack of family knowledge about various health problems or diseases experienced by all family members. In addition, there is still a lack of knowledge and ability of families in carrying out family health care to prevent and overcome various health problems in the family. The low level of family knowledge is caused by various factors,

including: the low level of education of the head of the family, the varying socio-economic status of the family, and the limited number of health workers from the Community Health Center to guide families in their work area. According to Notoatmodjo (2007), many factors influence health behavior, including: internal factors (knowledge, socio-economic status), and external factors (social support especially from health workers).

Table 2.

Frequency Distribution of Family Independence Levels After Family Nursing Care is Carried Out

Level of Independence (KM)	f	%
KM 1	0	0
KM 2	1	2
KM 3	14	28
KM 4	35	70

Table 2 shows that after effective family nursing care was carried out, the majority of families' level of independence was level 4, namely 35 families (70%). This is because the family has been established in caring for family members with various health problems at home through the implementation of professional family nursing care. Where by carrying out professional, systematic, continuous and sustainable family nursing care, it can help in increasing family knowledge in carrying out 5 family health tasks starting from the family's ability to recognize various health problems in all family members, deciding on appropriate nursing actions, carrying out appropriate care if a family member is sick, creating a family environment that supports health, and being able to utilize existing health facilities (Friedman, 2003). Thus, it is expected to increase the level of family independence in preventing and overcoming various family health problems. According to the Indonesian Ministry of Health (2006), 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 according to the family care plan, the family knows and can express their health problems correctly, utilizing health service facilities according to recommendations, carrying out simple nursing actions according to recommendations, actively carrying out preventive actions, and actively carrying out promotive actions.

Table 3.

Average distribution of family independence before and after family nursing care was carried out

Variables	Mean	SD	SE	P Value	N
Family Independence before Family Nursing Care	2.26	0.803	0.114		
Family Independence after Family Nursing Care	3.68	0.513	0.073	0,000	50

Table 3 shows that there is a significant influence of providing family nursing care on the level of family independence in dealing with family health problems (p value = 0.000). According to Friedman (2003), the function of family health care can be achieved by looking at the family's ability to understand and carry out five family health tasks. This is highly dependent on the role of nurses in providing nursing care to families, so that families are expected to receive coaching and guidance in carrying out the five functions of family health care. Coaching and guidance efforts for families greatly influence the achievement of family independence in overcoming various health problems in the family. This is because family nursing care is a series of activities to transfer knowledge and the family's ability to overcome existing health problems by using various strategies in order to change behavior towards a better direction. The strategies or methods used include health education using verbal, psychomotor (practice) and affective to see the extent to which the family's compliance in carrying out activities to overcome health problems in the family.

Notoatmodjo (2003) stated that the strategy for behavioral change is to provide information on how to avoid disease and increase public knowledge. Furthermore, with this knowledge, it can raise awareness among the public to behave in accordance with the knowledge they have. Basuki's research (2006)

shows that health education methods have a significant relationship in increasing knowledge. Basuki's research is in accordance with the results of this study, where the average family independence in overcoming health problems after being given Family Nursing Care (2.26 to 3.68). The average family independence in overcoming health problems in the family is at the 4th level of independence after Family Nursing Care is carried out.

Discussion on the level of family independence before and after family nursing care (Askep Keluarga) shows significant changes. The following is a discussion based on the research results presented in the tables.

#### **Level of Family Independence Before Family Nursing Care is Carried Out**

From Table 1, it can be seen that the majority of families are at level 3 independence (KM 3) before Family Nursing Care is carried out, namely 21 families (42%). Only a few families are at level 4 independence (KM 4) (2%) which indicates good independence in dealing with health problems. While the low level of independence (KM 1 and KM 2) is still quite a lot, namely a total of 56%. Factors that influence the low level of independence include the lack of family knowledge about how to handle health problems, low education of the head of the family, and limited support from health workers. According to Notoatmodjo (2007), a person's or family's health behavior is influenced by internal factors (knowledge and socioeconomic status) and external factors (social support, including from health workers).

#### **Level of Family Independence After Carrying Out Family Nursing Care**

After the Family Nursing Intervention was conducted, Table 2 shows that 70% of families achieved level 4 independence (KM 4), which is the highest level of independence in dealing with health problems in the family. This change shows the success of the Family Nursing Program in improving the family's ability to manage health. According to Friedman (2003), the success of the family health care function is highly dependent on the family's ability to carry out health tasks, such as recognizing health problems, making appropriate treatment decisions, and utilizing existing health facilities. A professional, systematic, and sustainable Nursing Care program plays an important role in helping families understand and implement these health tasks.

#### **The Influence of Family Nursing Care on the Level of Family Independence**

Table 3 shows an increase in the average family independence from 2.26 before Family Nursing to 3.68 after, with a p-value of 0.000, which means this increase is statistically significant. This shows that Family Nursing has a real impact on increasing family independence. This significant change illustrates that families who receive Family Nursing Care tend to be able to handle health problems more independently. As stated by Notoatmodjo (2003), increasing health knowledge through education can increase family awareness to behave in accordance with the knowledge obtained. Health education methods applied in Family Nursing Care Care, such as verbal and practical approaches, help families better understand and carry out the health actions needed. Basuki's research (2006) also supports these results, where health education methods are proven to be related to increased family health knowledge. The results of this study indicate that the health education approach plays an important role in shaping behavioral changes, so that families become more independent in dealing with health problems.

#### **CONCLUSION**

The results of this study indicate that before nursing care was carried out on the family, the majority of the family's independence level was level 3, which was 21 families (42%), after effective family nursing care was carried out, the majority of the family's independence level was level 4, which was 35 families (70%). From the results of the bivariate analysis using the T dependent test, it showed that

there was a significant effect of providing family nursing care on the level of family independence in overcoming family health problems, with a p value = 0.000. Family nursing care needs to be carried out to help families overcome health problems that exist in the family.

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