

Family Support, Motivation, and The Attendance Level of The Patients with The Chronic Non-Communicable Disease in The Chronic Disease Management Program (PROLANIS)

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Original Articles

Family Support, Motivation, and The Attendance Level of The Patients with The Chronic Non-Communicable Disease in The Chronic Disease Management Program (PROLANIS)

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Abstract

Background: The quality of life of people with chronic non-communicable diseases can be improved by establishing the Chronic Disease Management Program (PROLANIS). Many factors may affect the presence of chronic non-communicable disease sufferers in PROLANIS activities, including social support, motivation, level of knowledge, work, and others.

Objective: This study aimed to analyze the relationship between family support, motivation, and the attendance level of patients with chronic non-communicable diseases in PROLANIS.

Methods: The research design used in this study is an analytical descriptive with a cross-sectional approach. The research was conducted from August 2020 to February 2021 at the FKTP Clinic DKT 02 Sidoarjo. The target population in this study were all 55 members of PROLANIS registered at the FKTP Clinic DKT 02 Sidoarjo. The sampling technique used is total sampling, so that the sample in this study is all members of PROLANIS who are in the target population. In this study, there are 3 variables: family support, motivation, and the attendance of patients who suffer from chronic non-communicable diseases in participating in PROLANIS. The instrument used to measure the attendance of the patients who suffer from chronic non-communicable diseases in participating in PROLANIS is the attendance list in the implementation of PROLANIS for 5 meetings. Meanwhile, the instrument used to measure family support, and motivation of patients suffering from chronic non-communicable diseases following PROLANIS was a close-ended questionnaire. This study used Spearman Rho statistical test with a significant level of .05 ($\alpha < .05$).

Results: The results showed a relationship between family support and the motivation of patients with chronic non-communicable diseases to participate in the PROLANIS ($r = .986$; p -value = .000). The results also showed that there was no relationship between family support ($r = .187$; p -value = .173) and motivation ($r = .195$; p -value = .153) with the attendance level of the patients with chronic non-communicable diseases in the PROLANIS.

Conclusion: The health workers must know what factors can affect their attendance level in PROLANIS activities. By knowing these factors, health workers can make action plans to increase the attendance of chronic non-communicable disease patients in PROLANIS activities.

INTRODUCTION

The burden of chronic disease in Indonesia has increased every year. Chronic non-communicable diseases are diseases that are not transmitted and progress slowly over a long period. In the early stages, non-communicable diseases often do not show symptoms, so many do not know and realize that they have suffered from the disease because of a lack of awareness from the public to carry out early detection of the disease (Wulandari, 2021). When the disease has complications and even death, people tend to carry out examinations. Chronic non-communicable diseases that contribute a lot to the death rate in Indonesia include stroke, hypertension, diabetes mellitus, malignant tumors/cancer, heart disease, and chronic respiratory disease (World Health Organization [WHO], 2021).

The death rate caused by non-communicable diseases is very high. The data obtained from WHO (World Health Organization) stated that non-communicable diseases kill 41 million people every year, and 71% cause death worldwide. Every year more than 15 million people die from non-communicable diseases from 30 to 69 years. Cardiovascular disease occupies the highest number of causes of death due to non-communicable diseases, namely 17.9 million, cancer at 9.3 million, respiratory disease at 4.1%, and diabetes mellitus at 1.5 million (WHO, 2021). Based on data obtained from the World Health Organization in 2020, the death rate in Indonesia is 66% due to non-communicable diseases (Winastya, 2021). Based on Basic Health Research (RISKESDAS) data in 2018, the prevalence of asthma in Indonesia was 4.5%, the joint disease was 7.3%, diabetes mellitus was 10.9%, heart disease was 1.5%, and hypertension was 34.1% (KEMENKES RI, 2019). Based on these data, it can be concluded that chronic non-communicable diseases with the highest prevalence in Indonesia are diabetes mellitus and hypertension.

The family has a significant role for family members who suffer from chronic non-communicable diseases, especially the elderly. The family can provide information to sufferers related to lifestyle changes, help families when they are sick, and provide assistance during therapy programs. The role of the family is also very much needed by the patient in helping make important decisions regarding the therapy being programmed, providing for the needs of the patient, and making plans regarding the therapy program he is undergoing (Sumami, 2021). The support most needed by sufferers is from the nuclear family, namely their spouse and children, who live with the sufferer and those who live near their home. People with chronic diseases whom their families support will feel stronger, more grateful, and able to accept their disease conditions (Wulandari, 2021). In addition, to support from the family, the patient's motivation will significantly affect the sufferer's quality of life. According to Peyrot dan Rubin (2007), Motivation can be defined as a factor that influences a person to act regarding perceived needs and benefits, expectations of

results to be obtained, rewards, and cues to act. Patients with chronic non-communicable diseases who have good motivation will behave following the therapy program that has been determined by medical personnel.

In dealing with a situation where the number chronic non-communicable diseases are increasing every year, the government collaborates with National Health Coverage (BPJS), and health service facilities provide a health program called The Chronic Disease Management Program (PROLANIS). PROLANIS is a health care system and a proactive approach that is implemented in an integrated manner involving participants, health facilities and BPJS. The collaboration is in the context of health care for BPJS Health participants who suffer from chronic diseases to achieve optimal quality of life with effective and efficient health care costs. The purpose of PROLANIS is to encourage participants with chronic diseases to achieve optimal quality of life on specific examinations for Type 2 DM and Hypertension according to the relevant Clinical Guidelines to prevent complications (Social Security Administrator for Health [BPJS], 2014).

Family support and motivation for people with chronic non-communicable diseases can affect their desire to carry out an activity related to their health. The researchers conducted a study that aimed to determine the relationship between family support and motivation of people with chronic non-communicable diseases to attend PROLANIS activities. This research is considered very important because it can be used to provide health education to people with chronic non-communicable diseases related to PROLANIS activities.

METHODS

Study Design

Analytical descriptive with a cross-sectional approach is the research design used in this study.

Settings

The research was conducted from August 2020 to February 2021 at the FKTP Clinic DKT 02 Sidoarjo.

Research subject

The target population in this study were all 55 members of PROLANIS registered at the FKTP Clinic DKT 02 Sidoarjo. The sampling technique used is total sampling, so that the sample in this study is all members of PROLANIS who are in the target population.

Instruments

In this study, there are 3 variables: family support, motivation, and the attendance level of the patients who suffer from chronic non-communicable diseases in the PROLANIS. The independent variables in this study were family support and motivation of the patients who suffer from chronic non-communicable diseases. The dependent variable in this study was the attendance level of the patients who suffer from chronic non-communicable diseases. The instrument used to measure the attendance of the patients who suffer from chronic non-communicable diseases in participating in PROLANIS is the attendance list in the

implementation of PROLANIS for 5 meetings, starting from September 2020 to January 2021. Meanwhile, the instrument used to measure family support and motivation of patients suffering from chronic non-communicable diseases following PROLANIS was a close-ended questionnaire. The questionnaire used to measure the two variables is a self-developed questionnaire.

The questionnaire used to measure family support consists of 12 statement items that include 3 components of family support, namely informational support, emotional support, and instrumental support, each of which consists of 4 statements. The scale used in the questionnaire is a Likert Scale with 4 answer choices, namely Never (1), Rarely (2), Often (3), and Always (4). The total of the questionnaires will be categorized into 3 categories, namely lack of family support (1), enough family support (2), and good family support (3). This questionnaire for family support has been tested for validity and reliability tests. The validity test was carried out by using the I-CVI method through an assessment carried out by 5 reviewers to assess this questionnaire. The results of the validity test (I-CVI) conducted for the family support questionnaire was .88. The result of the reliability test was .944. According to Lynn in Putra, et al. (2020), the recommended validity test results are not less than .78. The results of the validity and reliability test of this questionnaire are quite high, so it can be used in this study.

The motivation questionnaire used in this study consisted of 10 statement items. The scale used in the assessment is a Likert Scale with 4 answer choices, namely Never (1), Rarely (2), Often (3), and Always (4). The total of the questionnaires will be categorized into 3 categories, namely lack of motivation (1), enough motivation (2), and good motivation (3). This motivation questionnaire has been tested for validity and reliability tests. The validity test was carried out using the I-CVI method through an assessment carried out by 5 reviewers to assess the questionnaire. The result of the validity test (I-CVI) was .84. The reliability result was .941. This questionnaire's validity and reliability test results are quite high so it can be used in this study.

Data collection

The data collection process was carried out after the researchers received a health research ethics test from the Health Polytechnic of Kerta Cendekia, Sidoarjo. In practice, the researchers also applied for a permit to the head of the FKTP Clinic DKT 02 Sidoarjo. After obtaining permission to carry out the research, the researchers submitted informed consent to the members of PROLANIS by stating the objectives and rights of each respondent in this study beforehand. After obtaining informed consent from the respondents, the researcher gave a questionnaire to each respondent. Respondents were given the freedom to answer the questionnaire without intervention from the researchers. After collecting the data, the researcher performs data processing by upholding research ethics.

Data Analysis

In this study, the researcher used the Spearman Rho statistical test with a significant value of .05 ($\alpha < .05$) to assess the relationship between the three variables.

Ethical Consideration

This research has received an implementation permit from the head of the FKTP Clinic DKT 02 Sidoarjo with number B/08/VIII/2020. In addition, this research has also passed the research ethics test conducted by the Health Polytechnic of Kerta Cendekia, Sidoarjo, with the number 14/KEPK.AKC/VIII/2020.

RESULTS

Characteristics of Respondents

Table 1. Distribution of Frequency of Respondents by Age, Gender, Occupational, Family Support, Motivation, and the Attendance level of the Patients with Chronic Non-Communicable Diseases in PROLANIS at FKTP Clinic DKT 02 Sidoarjo from August 2020 to February 2021 (n = 55).

Characteristics of Respondent	Frequency (f)	Percentage (%)
Age		
35-59 years	29	52.7
60-70 years	15	27.3
71-80 years	11	20.0
Gender		
Male	22	40.0
Female	33	60.0
Occupational		
Not Work	3	5.5
Government employees	36	65.5
Private employees	7	12.7
Self Employed	7	12.7
Laborer	2	3.6
Family Support (Min = 16; Max = 44; SD = 8.842; Mean = 31.51)		
Lack of Family Support	11	20.0
Enough Family Support	21	38.2
Good Family Support	23	41.8
Motivation (Min = 13; Max = 36; SD = 7.440; Mean = 25.89)		
Lack of Motivation	15	27.3
Enough Motivation	18	32.7
Good Motivation	22	40.0
The Attendance (Min = 1; Max = 5; SD = 1.133; Mean = 3.89)		
1 Time	1	1.8
2 Times	6	10.9
3 Times	14	25.5
4 Times	11	20.0
5 Times	23	41.8

Based on the table above, it was found that most of the respondents aged 35-59 years were 29 respondents (52.7%). Most of the respondents in this study are female (60.0%) and working as civil servants (65.5%). Almost half of the respondents have good family support in the family support variable, as many as 23 respondents (41.8%). In the motivation variable, almost half of the respondents have good motivation to participate in PROLANIS activities, as many as 22 respondents (40.0%). Almost half of the respondents also attended 5 times in PROLANIS activities, as many as 23 respondents (41.8%) and there is also 1 respondent (1.8%) who only attended 1 time.

Examination of the Relationship between Family Support, Motivation, and the Attendance Level of the Patients with Chronic Non-Communicable Diseases in Prolanis at FKTP Clinic DKT 02 Sidoarjo from August 2020 to February 2021 using Spearmen Rho Statistical Test.

Table 2. Examination of the Relationship between Family Support, Motivation, and the Attendance Level of Patients with Chronic Non-Communicable Diseases in PROLANIS at FKTP Clinic DKT 02 Sidoarjo from August 2020 to February 2021 using Spearmen Rho Statistical Test (n = 55).

	Motivation	The Attendance of the Patients
Family Support	.986**	.187
Motivation	1.000	.195

** p-value = .000; $\alpha < .001$

Based on the research results above, it was found that there was a relationship between family support dan the motivation of chronic non-communicable patients in following the Chronic Disease Management Program (PROLANIS) ($r = .986$; p-value = .000). Meanwhile, the attendance of chronic non-communicable patients following the Chronic Disease Management Program (PROLANIS) had no relationship with family support ($r = .187$; p-value = .173) and motivation to participate in PROLANIS activities ($r = .195$; p-value = .153).

DISCUSSION

The study results found that there was a relationship between family support and the motivation of non-communicable chronic disease patients in participating in PROLANIS activities. Family support is one of the supporting factors that can strengthen a person's desire to change healthier habits in people with chronic non-communicable diseases, especially people with diabetes mellitus and hypertension (Hamiati, 2019; Putra, et al., 2017). According to Hamiati (2019), the family is the primary support system in maintaining their health. The role of the family in care includes maintaining or caring for, maintaining and improving mental status, socio-economic support, and change, and providing motivation, support and facilitating

spiritual needs. Family support can also provide the potential to improve the self-management of chronic disease sufferers and reduce the chances of other undiagnosed family members suffering from the same disease (Ramel, et al., 2012). The family has a crucial role in developing, preventing, adapting, and correcting health problems found in the family context (Ramel, et al., 2012). Health problems in the family are interrelated and influence each other between family members, ultimately affecting the community around them. Therefore, the family has a strategic position to be part of the health service unit.

In addition, the study results also showed that there was no relationship between family support and motivation with the attendance of non-communicable chronic disease patients in participating in PROLANIS activities. However, this study's results do not follow the statements of several previous researchers who said that there was a relationship between family support and motivation with the attendance of non-communicable chronic disease patients following PROLANIS. Family support and motivation for people with chronic diseases, such as hypertension and type 2 diabetes mellitus, will increase their motivation to participate in PROLANIS activities in health services so that they will attend every PROLANIS activity (Ayuningtyas & Ihsan, 2020; Bertalina & Purnama, 2016; Hamiati, 2019). Motivation is an impulse that arises in the patient to meet their health needs. The patient is expected to be able to deal with his illness independently (Notoatmojo, 2012). Sources of motivation can come from internal and external. Internal motivation is a positive desire to optimize health, independence, and well-being. At the same time, external motivation arises from interactions between family members and health workers (Jowsey et al, 2014).

LIMITATION

This research was only conducted in one healthcare place, so a broader scope of research is needed. For this reason, it is necessary to conduct a comparative study of several health services.

CONCLUSION

Based on the results of this study, health workers must be able to evaluate the attendance of chronic non-communicable disease patients in PROLANIS activities so that health workers can know what factors can affect their attendance level in PROLANIS activities. By knowing these factors, officers can make action plans to increase the attendance of chronic non-communicable disease patients in PROLANIS activities. In addition, it is also necessary to conduct research related to other factors that may be related to the level of attendance of people with chronic non-communicable diseases in PROLANIS activities.

AUTHOR CONTRIBUTION

Meli Diana: Searching the literature, compiling a questionnaire, collecting data, compiling manuscripts.

Kusuma Wijaya Ridi Putra: Conduct validity and reliability tests, process initial data, conduct statistical tests, compiling manuscripts.

Dini Prastyo Wijayanti: Compiling manuscripts.

Riesmiyatiningdyah: Compiling manuscripts.

Yumiati: Collecting data.

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CONFLICT OF INTEREST

The authors have consented and no conflicting interests.

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