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Family support and motivation for recovery among patients with chronic diseases at outpatient clinics

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Abstract

Background: Chronic diseases are a global health challenge that has a significant impact on individuals and health systems.

Purpose: To analyze the relationship between family support and motivation for recovery in patients with chronic diseases.

Method: A descriptive analytical design with a cross-sectional approach involving 315 patients at Syiah Kuala University Teaching Hospital. Data were analyzed using the chi-square test with SPSS.

Results: The results showed that patients with good family support had higher motivation to recover (40.2%) compared to those with less support (4.5%). Conversely, low motivation to recover was more often found in patients with less family support (48.2%). Statistical analysis showed a significant relationship between family support and encouragement to recover ($p = 0.001$).

Conclusion: Family support plays an important role in increasing the motivation for recovery of patients with chronic diseases.

Keywords: Chronic Diseases; Family Support; Motivation for Recovery; Outpatients.

INTRODUCTION

Chronic diseases are a major health problem that has a wide impact on individuals and communities globally. The World Health Organization (WHO) reports that non-communicable diseases (NCDs), such as diabetes, hypertension, heart disease, cancer, and chronic obstructive pulmonary disease, are responsible for around 41 million deaths per year. This figure reflects 71% of total deaths globally. More than 15 million of these deaths occur in individuals of productive age, namely between 30 and 69 years, which shows how big the impact is on an age group that should be at the peak of their productivity. In addition to causing death, chronic diseases also cause economic burdens and psychosocial stress for patients and their families

(Muka, Imo, Jaspers, Colpani, Chaker, van der Lee, Mendis, Chowdhury, Bramer, Falla, Pazoki, & Franco, 2015; Oni & Unwin, 2015).

In Indonesia, the increasing trend of chronic disease prevalence is increasingly visible. Based on the 2023 Indonesian Health Survey, hypertension is one of the most common diseases suffered by the community, with a prevalence of 31% in the adult population. In addition, the incidence of diabetes has also increased, from 6.9% in 2013 to 8.5% in 2018. This increase is directly proportional to the risk of higher complications, such as heart disease and kidney failure (Maharani, 2024).

In the Aceh region, the Aceh Health Service report in 2022 revealed that the prevalence of

hypertension reached 28%, while diabetes and chronic kidney failure are still major challenges for health services. In this condition, patient motivation to recover is crucial in managing chronic diseases requiring long-term treatment and high discipline (Jumadewi, Lizam, & Sasmita, 2023).

Several studies have shown that family support increases patient motivation to recover. A study conducted in the United States showed that family involvement in treating type 2 diabetes patients improved blood sugar control and reduced the risk of complications (Shi, Xu, Liu, Duan, Zhu, Shi, Jiang, Zhang, & Yu, 2016).

Research in Labuhanbadas Unit I District, Sumbawa Regency, found a significant positive correlation between family social support and recovery motivation in pulmonary tuberculosis patients, with a correlation coefficient of 0.503 (Yana, Maliga, & Putra, 2020). Meanwhile, at Sultan Agung Islamic Hospital, Semarang, family support was closely related to the quality of life of hemodialysis patients, with a p-value of 0.005 (Sulymbona, Setyawati, & Khasanah, 2020). Research at a hospital in Pontianak City, West Kalimantan, also showed that spiritual support from family can increase the motivation of COVID-19 patients during isolation and treatment (Minarni, Novalita, & Parmono, 2024).

Chronic diseases often require long-term care and can significantly affect patients' quality of life. Family support is important in motivating patients to undergo treatment and increasing their belief in recovery (Iovino, Nolan, De Maria, Ausili, Matarese, Vellone, & Riegel, 2023). A previous systematic review showed that family support can increase patients' motivation to recover and participate in their disease management (Sousa, Ribeiro, Afreixo, Costa, Paúl, Ribeiro, & Figueiredo, 2021). This study aims to determine the effect of family support on recovery motivation in outpatients with chronic diseases.

RESEARCH METHOD

This study applied a descriptive-analytical design with a cross-sectional approach. This study was conducted at the Syiah Kuala University Teaching

Hospital, Banda Aceh, in the inpatient and outpatient units treating chronic diseases. The study took place during the period June to July 2024. The population in this study included all patients with chronic diseases, such as diabetes mellitus, hypertension, chronic kidney failure, and heart disease, who underwent treatment at the hospital. Based on hospital data, the population reached 1,751 patients, with a study sample of 315 patients.

The inclusion criteria for this study were as follows: 1) Patients diagnosed with a chronic disease (e.g., diabetes, hypertension, kidney failure, or heart disease); 2) undergoing outpatient treatment at Syiah Kuala University Teaching Hospital; and 3) aged >25 years and willing to respond and sign a consent form. The exclusion criteria were: Patients with severe mental disorders or an inability to communicate verbally; patients in terminal or emergency conditions; and patients not accompanied by family during treatment.

The data collection instrument was a 12-item questionnaire about family support using a Likert scale with the following response options: 1 = never, 2 = sometimes, 3 = often, and 4 = always. Eight items assessed patient motivation for recovery using a Likert scale with the following response options: 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree.

Family support was categorized as good if the total score was $\geq 75\%$ of the maximum score (the patient felt all aspects of family support: emotional, instrumental, informational, and appreciation) and poor if the total score was $< 75\%$ of the maximum score (the patient did not feel most of the support or felt support limited to one aspect). Patient motivation for recovery is categorized as good if the total score is $\geq 75\%$ of the maximum score (the patient shows a strong desire to recover, actively participates in treatment, and is optimistic about treatment) and poor if the total score is $< 75\%$ of the maximum score (the patient is passive, pessimistic, and unenthusiastic about treatment). Data analysis was performed using the chi-square test with SPSS.

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RESEARCH RESULTS**Table 1. Characteristics of the Respondent (N=315)**

Variables	Results
Age (n/%) (Mean±SD)(Range)(Year)	(65.79±3.587)(26-69)
Early Adulthood/ 26-35	6/1.9
Late Adulthood/ 36-45	20/6.3
Early Elderly/ 46-55	62/19.7
Late Elderly/ 56-65	121/38.4
Seniority/ > 65	106/33.7
Gender (n/%)	
Male	84/26.7
Female	231/73.3
Education (n/%)	
Elementary School	70/22.2
Junior High School	51/16.2
Senior High School	155/49.2
University	39/12.4
Long Suffering (n/%)	
1-5 years	76/24.1
6-10 years	76/24.1
> 10 years	163/51.8
Types of Chronic Illness (n/%)	
Diabetes Mellitus	104/33.0
Hypertension	88/27.9
Chronic Kidney Disease	47/14.9
Heart Disease	53/16.8
Others (Asthma, COPD, etc.)	23/7.4

The results showed that the majority of participants were elderly (56–65 years old) at 38.4%, followed by elderly (>65 years old) at 33.7%. Most respondents were female (73.3%), while only 26.7% were male. Most respondents had a senior high school education (49.2%), followed by elementary school (22.2%), junior high school (16.2%), and university (12.4%). Regarding the duration of chronic disease, more than half of the respondents (51.8%) had experienced this disease for more than 10 years, while respondents who had suffered from this disease for 1–5 years and 6–10 years were 24.1%, respectively. The most common type of chronic illness was diabetes mellitus (33%).

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Table 2. Relationship between Family Support and Motivation (N=315)

Variable	Motivation		p-value*
	High (n=141)	Low (n=174)	
Family Support (n/%)			
Good	127/90.1	22/12.6	0.001
Poor	14/9.9	152/87.4	

*Uji chi-square

Table 2 shows that among patients who received good family support, 90.1% had high recovery motivation, while 9.9% had low motivation. Conversely, among patients with poor family support, only 12.6% had high recovery motivation, while 87.4% had low motivation. A chi-square test showed a statistically significant relationship between family support and recovery motivation ($p = 0.001$). These results indicate that strong family support is positively correlated with increased recovery motivation in patients with chronic illnesses.

DISCUSSION

The results of this study indicate that strong family support is positively related to increased motivation for recovery in patients with chronic diseases ($p < 0.05$). Family support plays an important role in increasing motivation for recovery in patients with chronic diseases. Research at the Indonesian Cancer Foundation, East Java Surabaya, shows that family support can provide significant emotional and instrumental encouragement for cancer patients undergoing chemotherapy and radiation, especially during the Covid-19 pandemic. Four aspects of family support, namely informational, emotional, instrumental, and assessment support, have positively influenced the motivation for cancer patient treatment (Werdani & Prasetiani, 2023).

Family support can influence a patient's confidence and motivation to undergo treatment. This aligns with findings in the Special Region of Yogyakarta, among patients with drug-resistant tuberculosis, which showed that family support plays a crucial role in increasing patient confidence in recovery. Studies show that patients with good family support tend to be more confident in their recovery than those without family support (Rinawati & Puspitasari, 2024).

Patient motivation to recover is obtained from family support that can help patients manage

symptoms and improve treatment outcomes. Family support also plays a role in reducing maladaptive behavior in patients with chronic pain. Patients who receive good family support tend to report lower pain intensity, less dependence on medication, and higher activity levels compared to patients who do not receive family support (Gao, Drury, Singh, Le Grange, & Gorrell, 2025; Gehring, Lerret, Johnson, Rieder, Nelson, Copeland, Titan, Hawn, Morris, & Whittle, 2020; Rutherford, Müller, Faiz, King, & White, 2020).

Most respondents in this study were late elderly (aged 56–65 years), and most were female. In terms of education, the majority of respondents had a high school education. More than half of the respondents (51.8%) had experienced chronic illness for more than 10 years. These characteristics indicate that family support is very important for this age group, which may be more vulnerable to the psychological effects of chronic illness (Sari & Kristinawati, 2023).

Other studies have shown that family support can reduce pain intensity and drug dependence and increase activity levels in chronic pain patients. In addition, good family support can improve patient compliance in undergoing treatment, as seen in leprosy patients (Ghazali, Peristiowati, & Puspitasari, 2023) and chronic kidney failure patients undergoing hemodialysis (Rilla & Suindrayasa, 2024).

The majority of respondents in this study had a high school education level, indicating that education level can affect the understanding and acceptance of family support in the treatment process. In addition, more than half of the respondents had suffered from chronic diseases for more than 10 years, indicating that family support becomes increasingly important as the duration of the disease is suffered (Sari & Kristinawati, 2023).

In addition, health workers can provide counseling or mentoring programs for patient families to help them better understand the

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importance of psychosocial support in motivating recovery. Thus, a holistic approach that integrates family support in chronic disease management can effectively improve patient quality of life and long-term therapy success (Deek, Hamilton, Brown, Inglis, Digiacomo, Newton, Nouredine, MacDonald, & Davidson, 2016; Kurniawati & Kusumo, 2023).

CONCLUSION

Family support is important in increasing the motivation to recover in patients with chronic diseases. Patients who receive good family support tend to be more motivated to recover than those who receive less support. Statistical tests showed a significant relationship between the two variables ($p = 0.001$), which confirms that strong family support contributes positively to the patient's recovery process.

SUGGESTION

Further research is recommended to explore factors that may moderate this relationship, such as the patient's psychological condition.

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