

Relationship of Family Support to Motivate or Heal of Pulmonary Tuberculosis Patients

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Abstract

Tuberculosis is an infectious disease that mainly attacks the parenchyma, tuberculosis can also be transmitted to other parts. Including meningens, kidney, bone and lymph nodes. Until now, there has not been a single country that is free of Tuberculosis. The mortality and morbidity due to Tuberculosis germs in the world are also high. In 2009, in the world, there were 1.7 million people who died of Tuberculosis (600,000 of them women) while there were 9.4 million new cases of Tuberculosis (3.3 million of them women). One-third of the world's population is infected with Tuberculosis, where most Tuberculosis sufferers are of productive age (15-55 years). To reduce the number of pulmonary Tuberculosis events, there needs to be high motivation from the patients themselves and the need for support from family and the surrounding environment. The purpose of this study was to identify the effect of family support on motivation to recover in patients with pulmonary Tuberculosis in the Kronjo District Health Center, Tangerang-Banten Regency. This research method was a quantitative study using a descriptive analytic design with a cross-sectional approach, which is a study that methods to study the dynamics of the correlation between independent variables and dependent variables. The sample in this study was Tuberculosis patients who were on outpatient treatment for the past four months at the Puskesmas District of Kronjo, Tangerang-Banten Regency as many as 55 people. The results of this study were that there was no significant effect between family support on motivation to recover in pulmonary Tuberculosis patients. Therefore, to reduce the incidence of pulmonary Tuberculosis, high motivation is needed to recover from the patient himself.

Keywords: Family support, Recovery motivation, Tuberculosis.

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INTRODUCTION

In general, TB is transmitted through the air, and usually the bacterium *Mycobacterium tuberculosis* is carried away when a person coughs and expels phlegm. The danger is that if bacteria always enter and collect in the lungs, these bacteria will multiply quickly especially those that have low endurance. If an infection has occurred it will easily spread through blood vessels or lymph nodes. The occurrence of TB infection can affect other body organs (1).

The Global Tuberculosis Control cases of tuberculosis (TB) in Indonesia have decreased. At that time, Indonesia was in

fifth place (after India, China, South Africa, and Nigeria) after in the last ten years it was ranked third (after India and China) as the country with the largest TB cases in the world (2). But now Indonesia ranks 4th in the world, obtained by TB data in Indonesia, total TB cases in 2009 were 294731 cases, of which 169213 were new smear-positive TB cases, 108616 were negative smear TB cases, 11215 were Extra Lung TB cases, 3709 were cases Recurrence TB, and 1978 are re-treatment cases outside of relapse cases.

Several factors cause high TB cases in Indonesia. First, the relatively long period of TB treatment (6-8 months) causes TB

patients to be difficult to recover because TB patients stop taking treatment (drop) after feeling healthy even though the treatment process has not been completed. Second, the problem of TB is exacerbated by an increase in HIV / AIDS infections that develop rapidly and the emergence of the problem of MDR-TB (Multi Drugs Resistant = immune to various drugs). And third is the presence of latent TB sufferers, where sufferers are not sick but due to decreased endurance, TB disease will emerge ¹. Another possible factor that can cause high TB cases is the lack of patient knowledge about TB transmission to others, especially family. Because the risk of transmission depends on the level of exposure to sputum splashes. Pulmonary TB patients with positive smear provide a greater risk of transmission than pulmonary TB patients with BTA-negative (3).

Family support plays an important role in increasing compliance with medication. The family is the closest unit to the patient and is the biggest motivator in the behavior of achieving pulmonary TB disease recovery. Until now there is no definitive data about the weight of the influence of family support needed by pulmonary TB patients in this case, is the attitude, actions and family acceptance of sick family members. Families view that supportive people are always ready to provide support so that patients get routine treatment. Family attention and support in supervising and reminding sufferers to take medicine can accelerate healing and improve the health status of pulmonary TB sufferers themselves (4).

Motivation is a motivator from someone's heart to do or achieve something. Motivation can also be said as a plan or desire for success and avoid life's failure. In other words, motivation is a process for achieving a goal. Someone who has motivation means that he has the power to have success in life. Maslow's theory assumed that people try to meet more basic needs before directing their behavior to meet higher needs. Another

assumption is that people have a desire to move forward so that after lower needs are met then that person will move to meet higher needs (5, 6, 7). Based on the data above, the authors conducted a study of the relationship of family support to motivate or heal of pulmonary tuberculosis patients.

METHOD

This research is a quantitative study using descriptive-analytic design with a *cross-sectional* approach, which is a study that aims to study the dynamics of the correlation between independent variables and dependent variables. This research was conducted at the Pulmonary TB Polyclinic at the Kronjo District Health Center, Tangerang-Banten Regency. The population in this study were positive pulmonary TB patients who were undergoing TB treatment at the Puskesmas District of Kronjo, Tangerang-Banten. The sample in this study was pulmonary TB patients who underwent outpatient care in May-August in the District Health Center of Kronjo, Tangerang-Banten Regency as many as 55 people.

The sampling technique used in this study is a non-probability sampling method through easy sampling techniques. The inclusion criteria for this study sample are as follows: Respondents suffering from active pulmonary TB who are undergoing outpatient care at the Puskesmas District of Kronjo, Tangerang-Banten Regency, Minimum age 20 years, Composite conditions, Able to communicate well, Able to read and write and Willing to be a research and cooperative respondent. Data collection tools in this study used a questionnaire consisting of three components of questions, namely questionnaires about demographic characteristics, family support questionnaires and motivation questionnaires for recovery in pulmonary TB patients.

RESULTS AND DISCUSSION

Table 1. Distribution of pulmonary TB respondents (n=55)

Variable	Category	Amount	%
Age	Adult	44	80
	Elderly	11	20
Gender	Man	32	58.2
	Girl	23	41.8
Level of education	Low	46	83.6
	High	9	16.4
Work	It doesn't work	23	41.8
	Work	32	58.2

The following is the demographic data of pulmonary TB respondents who are undergoing treatment at the Puskesmas. This demographic data includes age, sex, education level, and occupation in the form of frequency distribution as shown in table 1.

Table 1 depicts pulmonary

TB respondents based on age, mostly adults, with 44 respondents (80%), based on gender, mostly male with 32 respondents (58.2%), based on education level, most are educated. low, amounting to 46 respondents (83.6%), based on work, most of them were working, namely 32 respondents (58.2%). Table 2 illustrates the response of pulmonary TB based on motivation to recover, mostly is good motivation, amounting to 53 respondents (96.4 %). Table 2 also illustrates that pulmonary TB respondents based on family support were mostly good, amounting to 37 respondents (67.3%).

The results of this study illustrate that pulmonary TB respondents based on age are mostly adults, amounting to 44 respondents (80%), based on gender most of them are men with 32 respondents (58.2%), based on education level most of them are low educated which amounted to 46 respondents (83.6%), based on work most of them were working, amounting to 32 respondents

(58.2%). Most of the motivation of respondents to recover was good motivation, which amounted to 53 respondents (96.4%). Lung TB respondents based on family support were mostly good, amounting to 37 respondents (67.3%).

Table 3 showed the analysis of the influence of family support on motivation to recover that as many as 23 respondents (63.9%) family support that is not good and motivation to recover that is not good is greater than respondents who have bad family support with motivation to recovered well by 13 respondents (36.1%). Statistical test results obtained *p-value* = 0.886 at alpha 5%, it can be concluded that there is no influence of family support on motivation to recover in pulmonary TB patients.

The analysis of this study shew that among pulmonary TB patients who have poor family support with no good motivation, there are more than 23 patients or 63.9%. The results of the bivariate analysis statistical test showed the *p-value* = 0.886 there was no significant relationship between family support and motivation to heal in pulmonary TB patients. The motivation to recover from an illness is behavior that is driven by the needs (needs) that exist in individuals and

Table 2. Distribution of pulmonary TB respondents based on family support and motivation to recover (n=55)

Variable	Category	amount	%
Motivation to recover	Not good	2	3,6
	Well	53	96.4
Family support	Not good	18	32.7
	Well	37	67.3

directed at the goal (goals) where the return of a person in a normal condition after suffering from an illness mental illness or injury (8,9). In this study it was found that support factors such as age, education and occupation of respondents who supported motivation to recover in pulmonary TB patients.

This research was also supported by Siswanto (2015) explained in the theory of goal setting which states that the intention to achieve goals is the main source of motivation (10). It can be concluded that the definition of the motivation of determining the intended purpose is the goal to recover. The goal is the power or strength that comes from within the individual or sufferer that encourages, arouses, moves, lies behind, runs and controls a person and directs it to healing or recovering and is free from an illness that has suffered for some time and forms a prosperous state of body, soul and social who want someone to live productively socially and economically (11, 12).

This research is not supported by Robbins research which states that social and family support is verbal and non verbal information, means, assistance, tangible or behaviors given by people who are familiar with subjects in their social environment or in the form of attendance and things that can provide an emotional benefit or behavior for the recipient. Social support is very influential in motivating to recover (13, 14). The meaninglessness of these results is possible because of internal factors that are very influential in individuals who want to recover quickly from various diseases,

especially pulmonary TB. Internal factors are motivations that originate from within humans, usually arising from behaviors that can meet needs so that the level of satisfaction is more leverage (15, 16).

Several factors may affect no relationship between family support and motivation for recovery in pulmonary TB patients, namely: patients always have a positive attitude, this shows strong self-confidence, high self-planning and always optimistic in dealing with the disease (17). Another factor is the power that moves the patient himself, this shows that the emergence of power will encourage someone to do something, this power comes from the beliefs of individuals and individuals about natural forces (18).

LIMITATIONS

There are no limitations in the conduct of this study.

RESEARCH ETHICS

This research only included Inform Consent in the questionnaire given to the respondents.

CONFLICT OF INTERESTS

There were no conflicts of interest in the conduct of this study.

CONCLUSIONS

Research conducted illustrates that most pulmonary TB patients are adults, with the most sex being male, most are low-educated and most are employed. Most pulmonary TB patients have a good family healer. Most pulmonary TB patients have the motivation to recover well.

Table 3. Distribution of respondents according to motivation for recovery, characteristics and family support in pulmonary TB patients (n=55)

Characteristics and family support in pulmonary TB patients (n=55)							
Independent Variable	<u>Motivation to Recover</u>				Total	OR (95% CI)	P-value
	Not good		Well				
	N	%	N	%			
Family support							
Not good	23	63.9	13	36.1	36	100	.886
Well	11	57.9	8	42.1	19	100	
							(0.413-4.01)

This study explains that among pulmonary TB patients who have bad family support with more bad motivation, there are 23 patients or 63.9%. The results of the bivariate analysis statistical test showed the p-value = 0.886 there was no significant relationship between family support and motivation to heal in pulmonary TB patients.

So that researchers can conclude that the motivation for healing a patient is not only from family support but the strength that comes from within the individual patient himself, who encourages, awakens, moves, motivates, runs and controls a person and directs the healing action or recovering and free from an illness which has suffered for some time and forms a state of well-being of the body, soul and social that enables one to live productively socially and economically.

It is expected that further research needs to be carried out with regard to success factors for the treatment of pulmonary TB in hospitals. This research is expected to be used as a reference in improving the success of pulmonary TB treatment in the Kronjo District Health Center, Tangerang-Banten Regency and also as a reference in further research related to pulmonary TB.

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