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Family emotional involvement in the adherence process to the treatment of the patient with heart failure in a peruvian public hospital

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Resumen

Las personas cuando pierde la salud, se sienten vulnerables y frágiles, por lo que resulta crucial la actitud de la familia durante el proceso de la enfermedad. El objetivo fue determinar la relación entre el soporte familiar y adherencia al tratamiento en adulto mayor con diagnóstico de insuficiencia cardiaca congestiva que acude al servicio de cardiología en un Hospital Nacional. El estudio fue cuantitativo, correlacional de corte transversal. La población estuvo conformada por 65% de sexo femenino y el 35% sexo masculino ambos adultos mayores diagnosticados con ICC; se utilizaron dos instrumentos: Soporte familiar y adherencia al tratamiento los cuales fueron validados a través de juicio de expertos y una prueba piloto. El coeficiente de correlación rho de Spearman (R=0,460) muestra una correlación significativa (p=0,000), la cual resultó positiva y de nivel me dio, lo que significa que niveles bajos de soporte familiar se corresponden con niveles bajos de adherencia, y viceversa. La variable soporte familiar obtuvo 70 % de nivel medio y el 15% corresponde niveles alto y bajo. La adherencia al tratamiento 53% logro nivel medio mientras el 22% alto. En conclusión, el soporte familiar y adherencia al tratamiento se encuentran relacionadas con los vínculos emocionales que inducen al paciente a motivar su propio autocuidado. Por tanto, la familia es clave para favorecer la adherencia y promover comportamientos saludables en el paciente. Asimismo, las enfermeras/os deben educar a la familia en temas dirigidos al cuidado de la salud en contexto familiar y satisfacción de las necesidades básicas para el sostenimiento y la calidad de vida del paciente.

Palabras clave: Vínculo emocional Familiar, Adherencia al Tratamiento, insuficiencia cardiaca, adulto mayor

Abstract

When people lose their health, they feel vulnerable and fragile, so the family's attitude during the disease process is crucial. The objective was to determine the relationship between family support and adherence to treatment in older adults diagnosed with congestive heart failure who go to the cardiology service at a National Hospital. The study was quantitative, correlational and cross-sectional. The population consisted of 65% female and 35% male both older adults diagnosed with CHF; two instruments were used: Family support and adherence to treatment were validated through expert judgment and a pilot test. The Spearman rho correlation coefficient (R=0.460) shows a significant correlation (p=0.000), which was positive and of medium level, which means that low levels of family support correspond to low levels of adherence, and vice versa. The family support variable obtained 70 % of medium level and 15 % correspond to high and low levels. Adherence to treatment reached 53% medium level while 22% high. In conclusion, family support

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and adherence to treatment are related to the emotional bonds that induce the patient to motivate his own self-care. Therefore, the family is key to encourage adherence and promote healthy behaviors in the patient. Likewise, nurses must educate the family on issues related to health care in a family context and the satisfaction of basic needs for the maintenance and quality of life of the patient.

Keywords: Family emotional involvement, Adherence to Treatment, heart failure, older adult.

1. Introduction

Currently, non-adherence to treatment is a worldwide problem of chronic degenerative diseases. People living with these health problems need to address this issue in a comprehensive manner with commitments and responsibilities assumed by a triad between the person, family and health professionals, in order to address the basic needs and ensure the quality of life of the person. According to the World Health Organization (WHO), lack of adherence is an important issue in public health, due to its negative consequences: therapeutic failures, higher rates of hospitalization and rising health costs [1]. Therapeutic compliance has been considered as an issue that involves motivation and monitoring of health professionals as well as users and the family. On the contrary, non-compliance carries serious health risks as well as an enormous health cost [2][3].

Studies conducted at WHO revealed that developed countries that obtained adherence to treatment by patients with chronic diseases were only 50%. Data show that compliance is still much lower in developing countries. Therefore, patients with chronic diseases have difficulty or limitations in including medical indications in their daily routine, which allows for a significant difference in adherence to treatment between these countries. The reasons that cause non-adherence are due to inequalities related to health policies, lack of accessibility to health systems to the economic context, working conditions, education, among others [3].

In Brazil, in 2015, the study of adherence to treatment of patients with heart failure accompanied by nurses in two specialized clinics showed that adherence to treatment was considered satisfactory in less than half of the patients treated in the two clinics specializing in heart failure. Living with the family and attending a large number of nursing consultations increased adherence to treatment, while the presence of hypertension led to a decrease with adherence [4].

In Peru, according to Huaccha Wendy and Tresierra Miguel in 2018, he concludes that inadequate knowledge of the disease, polypharmacy and the poor medical patient relationship are risk factors for non-adherence to pharmacological treatment. It is therefore suggested that these variables be taken into account in order to alert the medical professional to actions that favor a better patient response [5]. Likewise, Cerna K. and Vela R. in 2017 argue that psychosocial factors determine and predominate in the doctor-patient relationship, promoting the patient's motivation in their health care, including self-care, this implies the desire to live more and with quality of life, desires to feel good. Patients' beliefs about illness and treatment as a benefit to their health, sufficient and appropriate education, perception of sufficient social and family support networks in therapeutic adherence have a high significance for the person. The emotional stress factor in complex pharmacological prescriptions, more drugs, less control of blood pressure are also factors linked to adherence to the treatment of hypertension [6].

It is fundamental the responsibility of the patient as well as the family support conceptualizing it as the characteristic that has the family in relation to the perception that has each one of the members that compose it, in the role of receiving affection, esteem and how this influences in the mobilization of resources of confrontation in difficult situations for the affected person and that is integral part of the family to which it belongs [7].

There are five types of family support, so you have emotional support, which is provided by emphasizing trust, attention, love, companionship, security and concern for him, characterized by receiving caresses, hugs, affectionate words, sympathy and fraternity. Valuable support

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reinforces his self-esteem, positive aptitudes towards himself and self-respect; characterized by the perception of functional capacity, encouragement and adaptation to chronic illnesses. The informative support, which offers information and cognitive advice that benefit health, in addition to news of interest characterized by the use of communication. Instrumental support, where the elderly are provided with goods and services in everyday tasks; and finally, economic support, characterized by material support. It is important to consider that, in the care of chronically ill patients, a good percentage are dependent on a caregiver for various reasons (age, disability, type of illness, etc.). A large part of the care required by these people falls on the so-called informal carers; the overload that this carer can endure can have negative repercussions on their health, such as mental illness (anxiety and depression), as well as on physical health, social isolation, lack of free time, quality of life or the deterioration of the economic situation [7].

In the family context, when one of the members has a chronic degenerative disease and is an older adult, contradictory feelings arise within the family. The question arises: Who assumes the care and responsibility of the eldest member of the family? The family member who assumes the patient's care at home feels anxious and afraid to assume responsibility without the support of the members in all human dimensions. These phenomena are evidenced by the high risks of abandonment in the treatment that arise in the process of care of adult patients, personal reasons, economic people stop taking their medication for which they go to consultation for the restart of medical treatment putting at risk the adherence [7] [8].

The importance of investigating this issue is to understand and analyze this daily problem that the patient and family live within a health system that still does not have clear policies of comprehensive health care consistent with their priority needs in older adults.

2. Materials and Methods

Quantitative, descriptive and cross-sectional study. The population consisted of 40 adults diagnosed with ICC. We used 2 instruments called family support scales whose author was Dr. Leyton, who divides the variable into 4 dimensions and the scale of adherence to treatment by Martin - Bayarre Grau. Both instruments were validated through expert judgement and a pilot test in which the analysis was carried out using the Stanine scale, the Conbrach alpha coefficient 0.85-0.98 was obtained. Subsequently, the questionnaire was applied with prior informed consent, then the objective and procedure of filling out the questionnaire was guided to the patients. The data were processed and entered into a database in the Excel program; later, this database was transferred to the SPSS v21 program. Throughout the study process, the corresponding ethical aspects were taken into account.

3. Results

Table 1: Sociodemographic data of older adults with congestive heart failure

Characterístics	N	%
Sex		
Female	26	65
Male	14	35
Grade de instruction		
Primary	9	22.5
Secundary	13	32.5

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Higher Technical	10	25
Higher University	8	20

In relation to the sex that predominated in the older adults surveyed, it was female with 65% (26) and male with 35% (14). With regard to the level of education, 22.5% (9) have Primary Education, 32.5% Secondary Education (13), 25% (10) Higher Technical Education, and 207% Higher University Education (8).

Table 2: Correlation between family support and adherence to treatment in older adults with congestive heart failure of the cardiology service of a National Hospital.

Soporte familiar	**Perfil de adherencia**		**Total**	Rho de Spearman
	Adherencia	**No adherencia**		
Adequate	6 60%	4 40%	10 100%	0,495*
Medium adequate	2 8.30%	22 91.60%	24 100%	P=0,000*
inadequate	1 16.60%	5 83.30%	6 100%	
Total	9 22.50%	31 77.50%	40 100%	

* Statistically significant

Table 3: Dimensions of Family Support in Older Adults with Congestive Heart Failure.

Dimensions	Suport	N	%
Affective Support	Low	8	20
	Medium	30	75
	High	2	5
Valuation	Low	4	10
	Medium	35	87
	High	1	3
Informative	Low	12	30
	Medium	28	70
	High	0	0
Instrumental	Low	3	8
	Medium	30	75
	High	7	17

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With regard to family support, the following dimensions are found: affective support: 75% showed medium affective support while 20% (8) showed low affective support; 87% (35) showed medium affective support while 10% (4) showed low affective support; 70% (28) showed medium informative support while 30% (12) showed low tendency; 75% (30) showed medium instrumental support while 17% (7) showed high tendency.

Table 4: Dimensions of Adherence to Treatment in Older Adults with Congestive Heart Failure

Dimensions	Adherence	N	%
Treatment compliance	Low	4	10
	Medium	32	80
	High	4	10
Personal Involvement	Low	8	20
	Medium	27	68
	High	5	12
Transactional relationship	Low	8	20
	Medium	22	55
	High	10	25

According to the Treatment Adherence Dimensions, 80% had medium treatment compliance while 10% had low treatment compliance; as for personal involvement 68% had medium personal involvement while 20% had low personal involvement; as for the transactional relationship 55% showed a medium transactional relationship while 25% had a high transactional relationship.

4. Discussion and Conclusions

Family support is a positive force of shared emotions that allows the patient to strive to preserve his life, this patient experience positively strengthens situations of fragility, vulnerability. When the family support is greater, the patient expresses energy and inner strength to recover or improve their health. Thus, the family plays an important role in assuming personal self-care framed in the family support that contributes to the accompaniment in the disease process. Therefore, this family accompaniment, together with affection, the patient has the capacity to respond to difficult situations, such as integrating the fulfillment of medical indications into his/her daily life [8].

The general objective of the study is to determine the relationship between family support and adherence to treatment in elderly adults with congestive heart failure of the cardiology service of a National Hospital. The results show that Spearman's rho correlation coefficient (R=0.460) shows a significant correlation (p=0.000), which was positive and of medium level, which means that low levels of family support correspond to low levels of adherence, and vice versa. The results of Rodríguez M. Arredondo E. Herrera R. suggest that an educational intervention has a beneficial effect on improving the self-care behaviors of people with CI [9]. It should be noted that family support is a hopeful element for the patient who suffers the process of the disease, especially the one who suffers from heart failure, this disease that generates fears and uncertainty in relation to high morbidity and mortality. According to Orem, the achievement of maturity allows a change in behavior that promotes self-care [10].

In relation to the family support the dimensions: affective support it is found that 75% demonstrated to have a medium affective support while 20% presented a low affective support; as for the evaluative support 87% presents a medium affective support while 10 % with a low

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tendency; as for the Informative support 70 % presents a medium informative support while 30 % with a low tendency; as for the instrumental support 75% presents a medium instrumental support while 17 % presents a high tendency. These results can be compared with the author Azzollini S, and Pupko B, et al. who points out that the importance of family and work in adherence to treatment for the patient according to the results obtained in his study could show that 74.8% express that his family always supports him while 18.4 only sometimes and 6.8 never; in relation to the affective 73.9% of patients said that the family never bothered with them while 21.7 expressed that sometimes and 4.2 always perceive it [11].

The quality of life of the patient is related to the family environment the support to be able to make a sustained change in their own self-care is to integrate the knowledge on health topic to address the care in the family environment and to adopt behavioral changes with respect to the satisfaction of their basic needs and way of life. As for identifying the Adherence in the Treatment of Congestive Heart Failure in older adults of the Cardiology Service according to the dimensions: Compliance with treatment, personal involvement, transactional relationship. The results obtained showed that 80% had average compliance with the treatment while 10% had low compliance with the treatment; as regards personal involvement, 68% had average personal involvement while 20% had low personal involvement; as regards the transactional relationship, 55% showed a medium transactional relationship while 25% had a high transactional relationship. These results can be compared with Alba, Fajardo and Papaqui, who point out that the success of the treatment depends fundamentally on attachment; however, family support plays an important role [12]. On the other hand, Castellanos and Ruiz et al. point out that the most frequent causes for not taking the medication correctly were forgetfulness and lack of knowledge. When the information about the treatment was provided by a doctor and when there was help from a family member or friend in the patient's home to clarify their doubts, adherence increased [13].

Heart failure is a chronic disease that has a high incidence of morbidity and mortality that leads the patient to the need to adhere to treatment to maintain a quality of life. It is important to emphasize that it is not only the pharmacological treatment but also the change of lifestyle and eating habits in the process of maintenance and recovery of health. It is therefore necessary to work with the patient, family and health personnel in order to establish a strategy to consolidate adherence, without the patient's commitment and the desire to change his or her life is a very complex issue [14].

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