

EXPLORING THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND ANXIETY LEVELS IN END OF LIFE PALIATIVE CARE PATIENTS

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ABSTRACT

Palliative care is a specialized approach undertaken to improve the quality of life of patients and families facing challenges related to life-threatening illnesses, through the prevention and reduction of suffering, through early identification, good assessment or examination, and physical, psychosocial and spiritual pain and stress therapy. **The purpose** of this study was to determine the relationship between family support and the level of anxiety in palliative patients in facing end of life in ward 8 geriatric Mayapada Hospital South Jakarta. **The research method** used was a quantitative descriptive design with a pearson correlation approach. The number of samples in this study is 30 nurses taken through accidental sampling. The results were tested using the Pearson correlation test with a significance level of 0.05. **The results** showed that the relationship between family support and anxiety levels, using the person correlation test obtained a P value of 0.046. The result of the P value is $0.046 < 0.05$, then H_0 is rejected and H_a is accepted, meaning that there is a relationship between family support and the level of anxiety in palliative patients in facing the end of life in ward 8 geriatric Mayapada Hospital South Jakarta

Keywords: Family support; Anxiety level; Palliative

Introduction

Efforts to improve the quality of life of patients who have diseases that have not reacted to curative treatment and are facing the final stages can be provided through palliative care According to Balicas in (Huriani et al., 2022). Palliative care is care given to patients with life-threatening illnesses According to (Iskandar Zulkarnaen et al., 2023). Palliative care is a comprehensive treatment starting from overcoming pain and other symptoms experienced by patients, as well as providing psychological, social, and spiritual assistance. According to (Retnaningsih et al., 2022), *Palliative Care* aims to help reduce suffering and provide assistance to obtain the best quality of life for patients and their families regardless of the stage of the disease or other therapeutic needs.

According to (Supardi & Ludiana, 2020) the current data on the prevalence of terminal illness can be seen from those spread across various diseases which are part of the type of disease that is included in the terminal illness condition. According to the Decree of the Minister of Health of the Republic of Indonesia No: 812/Menkes/SK/VII/2007 concerning palliative care policy, the diseases included in this condition include: 1) cancer, 2)

degenerative disease, 3) chronic obstructive pulmonary disease, 4) cystic fibrosis, 5) stroke, 6) Parkinson's, 7) heart failure, 8) genetic diseases and 9) infectious diseases such as HIV.

According to the *World Health Organization* (WHO) in 2022, chronic diseases cause death in 41 million people every year, meaning about 74% of all deaths globally. Every year, 17 million people die before the age of 70, and 86% of these 'premature' deaths occur in *low-and middle-income countries* (World Health Organization, 2022). Cardiovascular disease is the largest contributor to deaths at 17.9 million people each year, followed by cancer (9.3 million), chronic lung disease (4.1 million), and diabetes mellitus (2 million including kidney disease due to diabetes mellitus). Thus, these four groups of diseases are the causes of lebih dari 80% kasus kematian 'prematur' prevalensi akibat PTM. Tren peningkatan PTM pun terjadi di Indonesia. Berdasarkan data Riskesdas (2007), kematian akibat PTM di Indonesia mengalami peningkatan dari 41,7% tahun 1995 to 59.5% in 2007. Then, data from Riskesdas (2018) shows that the prevalence of NCDs has increased compared to Riskesdas (2013), including cancer, chronic kidney disease, stroke, DM, and hypertension. The incidence of cancer increased from 1.4 per mile to 1.8 per mile; chronic kidney disease increased from 2 per mile to 3.8 per mile; Stroke increased from 7 per mile to 10.9 per mile. Meanwhile, DM increased from 6.9% to 8.5% and hypertension from 25.8% to 34.1% (Ministry of Health of the Republic of Indonesia, 2018). The prevalence of non-communicable diseases, especially Diabetes mellitus, hypertension, and cancer, is becoming a case with a higher incidence rate (Lubbna & Ismana, 2022).

Health problems often experienced by patients with chronic diseases, especially if they have entered the terminal phase, are very varied and cause negative impacts in the form of very severe distress and even to the point of reducing the quality of life according to (Lubbna & Ismana, 2022). Some of the physical *sufferings* that are often experienced are pain, fatigue, anorexia, nausea and vomiting, constipation, shortness of breath and difficulty breathing (dyspnea) and delirium, while psychosocial problems that often arise are fear, anxiety and depression.

In addition to physical problems, sufferers often experience psychological problems because the disease is one of the scariest events that cause anxiety for both the sufferer and the family. Social problems that often arise in patients are that patients can feel helpless, afraid, loss of meaning in life, feel useless, become a burden to those closest to them, and even the desire to end life. According to (Susilawati, 2013) in a study (Retnaningsih et al., 2022), patients who know they have chronic diseases will usually experience anxiety and feel that they will die quickly in a sad state. According to (Lubbna & Ismana, 2022), the bad impact if patients do not get good support in dealing with this problem is the deterioration of the condition that is accelerating, dying in a state of disdignity, and causing traumatic feelings in close people or family. Therefore, in order for the patient to continue to carry out or receive treatment and treatment, the patient does not only depend on or expect himself on the medical team alone, but must also involve family support.

In accordance with the results of the research conducted by (Susilawati, 2014) With the family support variable, the majority of support is good (76.7%) and the anxiety level variable is in the category of moderate anxiety level (50%). Based on a statistical test using Gamma Correlation a significance level (p) = 0.001 was obtained, so it can be concluded that there is a relationship between family support and the level of anxiety of palliative cervical cancer patients at Dr. Sardjito Hospital, Yogyakarta. The correlation coefficient in this study has a value of 1,000 which means that the relationship value of these two variables is very strong and inversely related.

Mayapada Hospital South Jakarta has carried out palliative care for palliative patients. Based on a preliminary survey conducted by researchers at Ward 8 Geriatric Mayapada Hospital, South Jakarta. The results of observations and interviews by geriatric ward 8 nurses and patients undergoing treatment were obtained data, overall patients complained of nausea,

vomiting, lack of appetite, hair loss, difficulty sleeping, body feeling weak, pain, weight loss. The physical changes experienced cause feelings of anxiety in the sufferer in addition to the possibility of unsuccessful treatment. Meanwhile, the results of interviews with the patient's family obtained the role as a family that they gave to the patient in the form of motivation, praying for healing, helping with daily needs and helping during the treatment process.

Methods

This research is a research on the correlative description or research on the relationship between two variables in a situation or group of subjects. These variables are family support as an independent variable and anxiety level in palliative patients as a dependent variable. The research design used is *cross sectional* That is, a study to study the correlation dynamics between variables by approaching, observing or collecting data at the same time. The research uses a quantitative approach with a descriptive design. This research was carried out in Ward 8 Geriatric Mayapada Hospital South Jakarta is one of the best private hospitals established by Mayapada Healthcare Group as a form of commitment to providing international standard health for all patients, including palliative patients. This research was conducted in May-June 2025. The affordable population in this study was all palliative patients in Ward 8 Geriatric Mayapada Hospital South Jakarta. The sampling techniques in this study are *accidental sampling*. Incidental sampling is a technique for determining samples based on chance, i.e. anyone who by chance/incidental meets the researcher can be used as a research sample on the condition that it matches the data source. In research, sample criteria can include inclusion criteria and exclusion criteria, which determine whether or not the sample to be used can be used. The sample size in this study is palliative patients in ward 8 of geriatric Mayapada Hospital, South Jakarta from May to June 2025 with a total of 30 respondents. The inclusion criteria in this study are: 1) The respondent is a patient who is treated in ward 8 geriatrics aged ≥ 60 years, 2) Patients with a worsening diagnosis of chronic disease, 3) Patients with a deteriorating prognosis (Patients with limited life expectancy), 4) Patients with significant and difficult-to-control symptoms (Patients experience significant physical (pain, shortness of breath, nausea, fatigue), psychological (anxiety, depression), social, or spiritual symptoms that are difficult to control with standard care), 5) Patients with full consciousness (compos mentis), 6) Be willing to participate in research. The instrument used in this study is using a questionnaire. The researcher collected data formally on the subjects to answer the questions in writing. The questions in this questionnaire consist of several parts, including data on respondent characteristics consisting of age and gender. To find out the level of anxiety and family support, i.e. by using The family support questionnaire that was organized consisted of three domains, namely: Emotional Support and Appraisal Assistance. Material Support (Tangible Assistance), Information Support (information support) from 3 indicators where each indicator has 4 statements with 3 answer choices, namely always, sometimes and never. The questionnaire is filled in by giving *chek list* (✓) in each answer column. The patient's anxiety questionnaire consisted of 14 statements with 3 answer choices, namely not anxious, mild anxiety, and severe anxiety. The questionnaire is filled in by giving *chek list* (✓) in each answer column. The validity test in this study refers to previous research by (Susilawati, 2014). Test the validity of the family support questionnaire using *Pearson product moment* And the results of the lowest R count were 0.098 and the highest 0.769 with $R > 0.312$ was carried out on 40 patients with palliative cervical cancer. Reliability test using *Alpha Cronbach* An alpha value of > 0.878 was obtained which confirmed that all statements were valid and can be used. The validity test of anxiety level in this study uses the HARS Anxiety questionnaire which does not need to be tested for validity because the HARS questionnaire is a standardized anxiety level measurement questionnaire. *Hamilton Anxiety Rating Scale* (HARS) which is carried out by the *corrected item total correlation* marked positive and

greater than 0.05. The test result is 0.208-0.589. It has a positive value and is greater than the requirement of 0.05 (Kautsar, 2015). The researchers did not test the reliability of family support because they used the results of the reliability test from the study (Susilawati, 2014) Reliability test using *Alpha Cronbach* An alpha value of > 0.878 was obtained. In the HARS Anxiety questionnaire, there is no need to carry out a realism test because the HARS questionnaire is a standardized anxiety level measurement questionnaire. The Hamilton Anxiety Rating Scale (HARS) has been tested for reliability with results *croncbach's Alpha* 0.793 and proved reliable with a result of >0.6 (Kautsar, 2015).

Results and Discussion

Results

Table 1: Distribution of the Relationship between Family Support and Patient Anxiety

No	Family Support	Patient Anxiety			
		No Anxious	Anxious Light	Heavy	Total
		n	n	n	n
1	Support	8	4	3	15
2	Enough Support	1	10	4	15
Sum		9	14	7	30

Source : Primary Data, 2025

Based on table 4.5 above, it shows that out of the 30 respondents studied, it can be concluded that the respondents were not anxious and received family support as many as 8 people. 4 respondents were mildly anxious and received family support and 3 respondents who were severely anxious and received family support. Meanwhile, the respondents were not anxious and received enough family support for 1 person. Meanwhile, respondents were mildly anxious and received enough family support as many as 10 people and while respondents were severely anxious and received enough family support as many as 4 people

Table 2: Relationship between Family Support and Patient Anxiety

Dukungan_Keluarga	Pearson Correlation Sig. (2-tailed) N	Dukungan Keluarga	Anxiety
		1 30	.367* .046 30

Anxiety	Pearson Correlation Sig. (2-tailed) N	.367* .046 30	1 30
*. Correlation is significant at the 0.05 level (2-tailed).			

Source : Primary Data, 2025

The results of the family support relationship test with the level of anxiety, using *the person correlation test* obtained a P value of 0.046. The result of *the P value* is $0.046 < 0.05$, then H_0 is rejected and H_a is accepted, meaning that there is a relationship between family support and the level of anxiety in palliative patients in facing *the end of life* in ward 8 geriatric mayapada hospital, South Jakarta.

Discussion

The results of the test using *person correlation* were obtained with a P value of 0.046. The result of *the P value* is $0.046 < 0.05$, then H_0 is rejected and H_a is accepted, meaning that there is a relationship between family support and the level of anxiety in palliative patients in facing *the end of life* in ward 8 geriatric mayapada hospital, South Jakarta.

In this study, it was shown that from the 30 respondents studied, it could be concluded that the respondents were not anxious and received family support as many as 8 people. 4 respondents were mildly anxious and received family support and 3 respondents who were severely anxious and received family support. Meanwhile, the respondents were not anxious and received enough family support for 1 person. Meanwhile, respondents were mildly anxious and received enough family support as many as 10 people and while respondents were severely anxious and received enough family support as many as 4 people.

This research is in accordance with research conducted by (Iskandar Zulkarnaen et al., 2023) Patients with good family support but very anxious (4.0%) were found and patients were found with poor family support but only quite anxious (10.0%). This shows that anxiety is not only influenced by family support, but can also be influenced by other factors or multifactorial, both internal and external. Internal sources for example: difficulties in interpersonal relationships at home and at work, adjustment to new roles. Various threats to physical integrity can also threaten self-esteem. External sources for example: loss of loved ones, divorce, changes in employment status, peer pressure, socio-cultural.

Anxiety is a subjective feeling of uneasy mental tension as a common reaction to the inability to cope with a problem or the absence of a sense of security. In a recent study by Wolitzky - Taylor (2010) reported an estimated prevalence of anxiety disorders in the elderly, ranging from 3.2% to 14.2%. Comorbidity Replication Survey (NSC-r) reported that 7% of seniors over the age of 65 met the criteria for an anxiety disorder in the past year. Death is a part of life and facing the end of life can have the deepest meaning for a lifetime (Papalia, Sterns, Feldman & Camp, 2007). Anxiety about death can arise in the elderly when there is uncertainty about life after death, the loss of loved ones, and loneliness (Kaloeti & Hartati, 2017).

The family has an affective role and function in meeting the patient's physical and psychosocial needs (Pandiangan & Wulandari, 2020). The family is the main support system that is able to provide direct care to patients. the better the family support provided to the patient, the lower the level of anxiety and vice versa, the less family support provided will affect the patient's anxiety (Pratiwi & Samiasih, 2022).

Based on the results of the research conducted by the researcher, family support was good but severe anxiety was 5 people (50.0%) and family support was quite good but mild anxiety was 13 people (68.4%). Two different groups of anxiety (mild and severe) show the

complexity of the patient's emotional response to the healing procedure. This can be caused by a variety of factors, such as the patient's level of readiness, previous experience, or the level of knowledge about the procedure to be undertaken. Anxiety can affect post-treatment recovery. Patients with severe anxiety may need additional attention and support both before and after the action by the family but they do not find as in the statement in the questionnaire "The family plays a very active role in every treatment and treatment of my pain, the family always reminds me to control, take medication, exercise and eat" which answered in disagreement as many as 13 people.

The results of the study are in line with the opinion of Kaplan (2020) that family support is one of the efforts to prevent depression in the elderly where family support is a form of interpersonal relationship that protects a person from the effects of bad stress, family support can also provide clues about the mental, physical, and emotional health of the elderly. The support of this family is very much needed by the elderly in living their lives. With good family support, the elderly will feel more cared for, feel cared for and not feel wasted.

The results of this study are also in accordance with the theory put forward by Maryam (2018), that the family is the main support system for the elderly in maintaining their health. Elderly people who are less or not supported by their families are prone to experiencing anxiety.

Conclusion

The researcher's assumption is that family support needs to be improved, especially in assessment support in order to reduce anxiety. In addition, it is necessary to have information from doctors and nurses to the patient's family to always pay attention to their family members, because the effects of family support on health and well-being function simultaneously.

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