

OVERVIEW OF FAMILY NURSES SUPPORT IN THE CARE OF FAMILY MEMBERS COVID-19

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Abstract. At the end of 2019, coronavirus Disease-19 spread throughout the world. High community mobility causes the spread of COVID-19 in Indonesia to be relatively fast. According to data from the Central Java Provincial Health Service as of June 5, 2021, there were 11,656 confirmed cases of Covid-19 and in Kudus Regency there were 12,673 cases. Nurses' families are also not immune from Covid-19 transmission. Family support is important in this situation to help patients recover after Covid-19. This type of family support includes emotional support, informational support, instrumental support, and appreciation support. To find out the picture of family support from nurses caring for family members after Covid-19. This type of research is quantitative and descriptive with analytical methods. The research sample was 30 respondents who met the inclusion criteria. The sampling technique uses total sampling. The data collection method uses a questionnaire and data analysis uses univariate tests. The results showed that based on the type of support known from the 30 respondents, 7 people or 23.3% of respondents received emotional support, 8 people, or 26.7% of respondents received informational support, 4 people, or 13.3% of respondents received instrumental support, and There were 11 people or 36.7% of respondents who received award support. Based on the level of family support, it is known that there are 13 people at a low level of family support, or 43.3%, 10 people at a medium level, or 33.3%, and 7 people at a high level, or 23.3%. The most common type of support is appreciation support and the most common level of family support is at a low level.

Keywords: [Family Support, Post Covid-19.]

INTRODUCTION

At the end of 2019, December to be precise, the world was shocked by the outbreak of a new viral infection, namely coronavirus disease (Ministry of Health, 2020). Corona Virus Diseases are a large family of viruses that cause disease in humans and animals. In humans, it usually causes respiratory tract infections. This virus is included in the betacoronavirus group. This type of virus is given the name Corona Virus Diseases because its shape is like a crown that has glycoprotein protrusions. This virus contains single-stranded RNA with a relatively large diameter, namely around 120-160 nm. This virus can be transmitted through direct contact with infected people's respiratory droplets (coughs and sneezes) and can survive for days on surfaces (Khafaie & Rahim, 2020).

Entering 2020, Corona Virus Diseases-19 (COVID-19) has become a serious threat to global public health (Zhang et al, 2020). The beginning of the Covid-19 virus infection came from China, specifically in the city of Wuhan. Many cases of pneumonia that occur are closely linked to markets in Wuhan City. After investigating the market, the World Health Organization (WHO) discovered a new type of coronavirus obtained from samples taken from the market, and the virus was named the novel coronavirus, but there is no definite evidence of the transmission mechanism of the virus. Finally, on March 11, 2020, WHO declared the novel coronavirus (COVID-19) an extraordinary event and a global pandemic. At a press conference, the WHO Director General (Ghebreyesus, 2016), noted that over the last 2 weeks, the number of cases outside China increased 13-fold and the number of countries with cases tripled (Cucinotta & Vanelli, 2020). The extraordinary incident caused by Covid-19 is not the first time this has happened. In 2002, Severe Acute Respiratory Syndrome (SARS) also occurred.

High community mobility and dense population have caused the spread of positive COVID-19 cases in Indonesian provinces to be relatively fast (Mashabi, 2020). According to data from the Central Java Provincial Health Service dated June 5, 2021, 11,656 people were confirmed as having COVID-19, 185,204 people had recovered from Covid-19 or completed self-isolation and 13,316 people had died from COVID-19. Based on data from the Kudus Health Office as of June 22, 2021, the Kudus Regency

is one of the cities with the most positive cases, namely 12,673 cases with a death toll of 1,041 cases. Data obtained at Mardi Rahayu Kudus Hospital during the last three months shows that 230 patients were treated in the isolation room who were confirmed to have COVID-19, 171 people recovered from COVID-19 and 59 people died.

The family is the basic unit of society where its members commit to caring for each other both emotionally and physically. A family can be viewed as an open system. A change or disturbance in one part of the system can result in a change or disturbance in the entire system. The stress or anxiety faced and experienced by one family member affects the entire family.

The amount of information about the coronavirus has both positive and negative impacts. The public is obliged to follow the information to remain alert. However, if exposed continuously it will have an impact on mental health. This triggers stress, anxiety, panic, and fear (Rochmawati, 2020).

Family support is an attitude, an act of family acceptance towards family members, in the form of informational support, assessment support, instrumental support, and emotional support (Friedman, 2015). According to Friedman (2015), the family functions as a support system for its members. Family members perceive that people are supportive and always ready to provide help and assistance if needed.

There are four dimensions of family support, namely: emotional support, information support, instrumental support, and appreciation support. Emotional support functions as a harbor for rest and recovery helps emotional mastery and improves family morale (Friedman, 2015). Emotional support involves expressions of empathy, concern, encouragement, personal warmth, love, or emotional assistance. All behavior encourages feelings of comfort and leads individuals to believe that they are praised, respected, and loved and that other people are willing to pay attention (Sarafino, 2016). Information support, the family functions as a collector and disseminator (distributor) of information about the world (Friedman, 1998). Information support occurs and is provided by families in the form of advice, suggestions, and discussions about how to overcome or solve existing problems (Sarafino, 2016). Instrumental support, family is a source of practical and concrete help (Friedman, 2015). Instrumental support is support provided by the family directly which includes material assistance such as providing a place to live, lending or providing money, and assistance in doing daily household tasks (Sarafino, 2016). Appreciation support, the family acts (the family acts as a feedback guidance system, guides and mediates problem-solving, and is a source of member identity validators (Friedman, 2015). Appreciation support occurs through positive expressions of appreciation involving statements of agreement and positive assessment of ideas, the feelings and performance of other people are positively proportional between individuals and other people (Sarafino, 2016). So family support is a form of interpersonal relationship that includes attitudes, actions, and acceptance of family members so that family members feel that someone is paying attention.

People who are in supportive social environments generally fare better than their peers without these benefits, as family support is thought to reduce or buffer the effects on an individual's mental health. Family support is assistance that can be given to other family members in the form of goods, services, information, and advice that can make the support recipient feel loved, appreciated, and at peace. This support is the attitude, actions, and acceptance of the family towards the sick sufferer. Family members perceive that a supportive person will always be ready to provide the necessary help and assistance. Family support that one family member receives from other family members to carry out the functions contained in a family. The form of family support for family members is moral or material. Having family support will have an impact on increasing the self-confidence of sufferers in facing the process of treating their illness (Misgiyanto & Susilawati, 2014).

According to Friedman (2015), there is strong evidence from research results that states that large families and small families qualitatively describe developmental experiences. Children who come from small families receive more attention than children who come from larger families. Apart from that, family support provided by parents (especially mothers) is also influenced by age. Young mothers tend to be less able to feel or recognize their children's needs and are also more egocentric than older mothers. Friedman (2015) also states that the factors that influence family support are socioeconomic class including income or employment level and education level. In middle-class families, a more democratic and fair relationship may exist, while in a lower-class family, the relationship may be more authoritative and autocratic. Apart from that, parents from the middle social class have higher levels of support, affection, and involvement than parents from the lower social class. Another factor is the level of education, the higher the level of education, the higher the support provided to sick families.

Appropriate support will help individuals to meet their needs when experiencing conditions that they feel are difficult. Individuals can find effective ways to get out of problems and feel they are appreciated and loved which will then increase their self-confidence to be able to live a better life. Family support in caring for family members after COVID-19 can reduce the impact of the negative stigma given by society and speed up the recovery process for patients.

Based on the data above, of course, family support is needed during post-Covid-19 treatment. These researchers are interested in conducting research that can describe the support of family nurses for the care of family members after COVID-19.

METHODS

The research uses quantitative descriptive with analytical methods. Quantitative research is a research procedure that produces descriptive data in the form of written or spoken words from people and observable behavior. The population of Mardi Rahayu ER nurses in the last 3 months, namely in August there were 27 people, in September there were 34 people, and in October there were 29 people, so the average number of patients was 30 people. Thus, the population in this study was determined to be 30 respondents.

RESULTS AND DISCUSSION

1. RESULT

Table 1. Frequency Distribution and Percentage of Respondent Characteristics By Age

Age	Frequency (N=30)	Percentage (%)
< 20	0	0.0
21-40	9	30.0
41-60	19	63.0
> 60	2	6.7
Total	30	100.0

(Source: Primary Data 15 – 27 November 2021)

Based on the results of the analysis of frequency distribution data and percentage characteristics of respondents based on age shown in Table 1 of the 30 respondents, it is known that the largest age group of respondents are respondents in the age range between 41-61, namely 19 people or 63.0%. Table 1 also shows that none of the respondents were < 20 years old. Furthermore, it is known that there were 9 respondents aged between 21-40 or 30.0%, and 2 respondents aged > 60 years, or 6.7%.

Table 2. Frequency Distribution and Percentage of Respondent Characteristics Based on Gender

Gender	Frequency (N=30)	Percentage (%)
Man	9	30.0
Woman	21	70.0
Total	30	100.0

(Source: Primary Data 15 – 27 November 2021)

Based on the results of data analysis of frequency distribution and percentage of respondent characteristics based on gender which is shown in Table 2 of the 30 respondents, it was found that there were more female respondents than male respondents, namely 21 people or 70.0%. It is known that there were only 9 male respondents or 30.0% of the total respondents.

Table 3. Frequency and Percentage of Respondent Characteristics Based on Education

Level of education	Frequency (N=30)	Percentage (%)
Didn't graduate from elementary school	1	3.3
elementary school	2	6,7
JUNIOR HIGH SCHOOL	7	23.3
SMA/SMK	16	53.3
PT	4	13.3
Total	30	100.0

(Source: Primary Data 15 – 27 November 2021)

According to the results of the data analysis shown in Table 3. Regarding the frequency and percentage of respondents' characteristics based on education level, it is known that of the 30 respondents, there was 1 person, or 3.3% of the total respondents who did not graduate from elementary school and the largest number of respondents were those with high school/vocational education, namely 16 people or 53.3%.

Meanwhile, there were 2 respondents with elementary school education, or 6.7%, 7 people with junior high school education or 23.3%, and 4 people with a college education, or 13.3%.

Table 4. Frequency and Percentage of Respondent Characteristics By Job

Work	Frequency (N=30)	Percentage (%)
Doesn't work	2	6,7
Farmers/Fishermen	3	10.0
ASN	7	23.3
Private sector employee	8	26.7
Self-employed	10	33.3
Total	30	100.0

(Source: Primary Data 15 – 27 November 2021)

Based on the results of data analysis regarding the frequency and percentage of respondent characteristics based on the type of work as shown in Table 4. It is known that of the 30 respondents, there were 2 people, or 6.7% of the total respondents who did not work 3 people, or 10.0% of the total respondents who worked as farmers/fishermen, 7 people, or 23.3% of the total respondents who worked as State Civil Apparatus (ASN), 8 people or 26.7% of the total respondents worked as private employees, and the most respondents were self-employed, namely 10 people or 33.3% of the total respondents.

Table 5. Nurse-Family Support in Caring for Family Members Post-Covid-19

Support Family	Amount	%
Low	13	43,333
Currently	10	33,333
Tall	7	23,333
	30	99,999

(Source: Primary Data 15 – 27 November 2021)

Based on the results of data analysis regarding nurse family support in caring for family members after COVID-19 which is shown in Table 5. Of the 30 respondents, it is known that there was 1 respondent who was highly emotional, or 3.3% of the total respondents. 2 respondents received high informational support or 6.7% of the total respondents. There was 1 respondent who received high instrumental support or 3.3% of the total respondents, and there were 3 respondents who received high appreciation support, or 10.0% of the total respondents. Thus it is known that out of 30 respondents, there were 7 people or 23.3% of the total respondents who received high family support.

Next, Table 5 shows that from 30 respondents it is known that 3 respondents were moderately emotional, or 10.0% of the total respondents. 2 respondents received moderate informational support or 6.7% of the total respondents. There was 1 respondent who received moderate instrumental support or

3.3% of the total respondents, and there were 4 respondents who received moderate appreciation support, or 13.3% of the total respondents. Thus it is known that out of 30 respondents, it was found that there were 10 people, or 33.3% of the total respondents who received moderate family support.

Data analysis results in Table 5. also showed that from 30 respondents it was known that 3 respondents had low emotional levels or 10.0% of the total respondents. 4 respondents received low informational support or 13.3% of the total respondents. 2 respondents received low instrumental support or 6.7% of the total respondents, and 4 respondents received low appreciation support, or 13.3% of the total respondents. Thus it is known that out of 30 respondents, it was found that there were 13 people, or 43.3% of the total respondents who received low family support.

Of the three levels of family support, it is known that the highest level of support for nurses in caring for family members after COVID-19 is the lowest level, namely 43.3%.

Furthermore, if we look closely at each type of support provided by family nurses in caring for family members after COVID-19, it is known that of the total respondents who received emotional support, there were 7 people or 23.3%, of the total respondents who received informational support there were 8 people or 26.7%, there were 4 respondents who received instrumental support or 13.3%, and there were 11 respondents who received appreciation support or 36.7%. Thus, it is known that the type of family support that is most often given in the care of family members after COVID-19 is appreciation support which shows that the family and neighbors can understand that the COVID-19 they are experiencing is normal during a pandemic like now and the family too. always try to encourage so that during the recovery period you can get better quickly and you can return to normal activities.

2. DISCUSSION

The research results are shown in Table 5. It is known that out of 30 respondents, there were 7 people, or 23.3% of the total respondents who received high family support. Furthermore, from the results of this research it is also known that of the four types of family support available, it is known that the highest type of support is appreciation support.

Next, Table 5 shows that from 30 respondents it is known that 3 respondents were moderately emotional or 10.0% of the total respondents. 2 respondents received moderate informational support or 6.7% of the total respondents. There was 1 respondent who received moderate instrumental support or 3.3% of the total respondents, and there were 4 respondents who received moderate appreciation support, or 13.3% of the total respondents. Thus it is known that out of 30 respondents, it was found that there were 10 people, or 33.3% of the total respondents who received moderate family support.

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Family support is part of social support which has 4 (four) aspects as revealed in this research, namely: Emotional support, namely support given in the form of attention, caring attitudes, and expressions of empathy for the person concerned, also involving behavior that can create a feeling of security and comfort in stressful situations, and can reassure a person that he is also cared for, cared for and supported by the surrounding environment. Instrumental support, namely providing appropriate resources to deal with difficult and stressful situations, such as providing direct assistance when someone is facing a problem. Informational support, namely providing information or feedback, advice, or suggestions regarding solving problems. Appreciative support, namely support that provides a platform for being part of a family or a group that shares activities and interests.

In line with the thoughts from the results of research conducted by the experts mentioned above, researchers think that the family is the most important source of support, which includes emotional support, informational support, instrumental support, and appreciation support. Furthermore, the types of family support obtained from the results of this research can be explained as follows:

1. Emotional Support

The research results show that of the 4 (four) types of family support, namely emotional support, informational support, instrumental support, and appreciation support, it is known that 7 family members of post-COVID-19 nurses received emotional support or 23.3%.

2. Informational Support

The research results showed that out of 30 respondents, it was known that 8 people, or 26.7% of the total respondents received informational support.

3. Instrumental Support

The research results showed that out of 30 respondents, it was known that 4 respondents received instrumental support, or 13.3%.

4. Award Support

The results of the research showed that out of 30 respondents, it was found that 11 respondents received award support, or 36.7%. This type of appreciation support is also the type of family support that is most often provided in the care of family members after COVID-19.

CONCLUSION

The research results reveal several main things that can be concluded as follows: Based on the results of demographic analysis relating to the general characteristics of respondents, it is known that out of 30 respondents largest age group of respondents were respondents in the age range between 41-61, namely 19 people or 63.0%. It is known that there are more female respondents than male respondents, namely 21 people or 70.0%. Level of education The largest number of respondents were SMA/SMK, namely 16 people or 53.3%, and the type of work of most respondents was self-employment, namely 10 people or 33.3% of the total respondents. Based on the type of support provided by family nurses in caring for family members after COVID-19, it is known that of the total respondents who received emotional support, there were 7 people, or 23.3%, of respondents who received informational support there were 8 people or 26.7%, There were 4 respondents who received instrumental support or 13.3%, and 11 respondents who received appreciation support or 36.7%. Based on the level of family support, the results of this study show that family support for post-Covid-19 patients is at a low level of 13 people, or 43.3%, a medium level of 10 people, or 33.3%, and a high level of 7 people or 23.3%. .3%. Thus, it is known that most family support for post-Covid-19 patients is at a low level.

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