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Family Factors that Affect Family Empowerment in Caring Children with Leukemia

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ABSTRACT

Introduction: Leukemia is one of the conditions of chronic disease in children. Families of children with chronic health conditions often feel helpless in meeting their child's health care needs. Powerlessness experienced by the family will affect the ability of families in providing care to their children. Many factors can affect the empowerment of families in providing care to their families. Method: This study aims to analyze family factors that affect family empowerment in treating children with leukemia leukemia. The research design used is explanation survey. The population in this study were families with children suffering from leukemia in Pediatric Ward RSUD Dr. Soetomo Surabaya. Result: The results showed that there was the influence of family factor to family empowerment in caring children with leukemia equal to t: 3.801. Discussion and Conclusions: Family factors need to be taken into account in family-centered empowerment, so families can improve their ability to care for leukemia children. Increased family-based health involves the strength and ability of families in coping mechanisms, the role of nurses, to encourage families to provide support in health care. More research is needed on family-centered empowerment models in the ability to care for children with leukemia. Factors that affect family empowerment in caring for child leukemia, can be considered nurse in giving nursing intervention especially child nurse in empowering parent at the time care of child leukemia.

Keywords: Leukemia, Children, Family, Factor, Empowerment

INTRODUCTION

Every child with a chronic illness such as leukemia grows and develops in a unique family and cultural environment with many different variations. Children with chronic health conditions, it is often assumed that meeting the health and needs of children and sustaining family life are two major challenges faced by families $^{(1),(2),(3)}$.

Families and children in chronic health conditions often feel helpless in meeting their child's health care needs and in sustaining their family life⁽⁴⁾. Based on the results of interviews to mothers whose children were treated with leukemia, related to the needs of childcare, mothers with children of leukemia stated that much daily health care advice is time-consuming, unpleasant, and even felt burdensome. Family empowerment is an intervention that nurses can use to help families⁽⁵⁾. These interactive interventions are designed to help the family through a process of empowerment, consisting of several stages that can increase trust and family decision making to work with health professionals⁽⁶⁾. Activity activities are based on assumptions that everyone has the power and capability and capacity to grow and become more competent.

Family empowerment is influenced by several factors such as demands of care, family factors, patient factors and health care factors, in this case, the nurse⁽⁷⁾. The constituent attributes of family empowerment can be assessed from self-efficacy, motivation, acceptance of threats, responsibility, respect, and care.

The expected outcomes for families with such empowerment are the ability to negotiate with health professionals, minimizing the effects of chronic conditions on children and siblings, rearranging family roles and responsibilities, satisfying child health care needs, and lowering the use of health care and costs⁽⁸⁾.

Integrated and holistic cancer prevention should involve all the components of the family because the needs of pediatric patients with cancer are complex, the need for pain-free, the need for attention, and the need for psychological support⁽⁹⁾. To help people with cancer thoroughly it takes serious effort and family role is very important. Therefore whether the Family Centered Empowerment Model can improve the family's ability to treat children with leukemia.

METHODS

This research used explanatory survey research design. The explanation was a way of exploring new things and reporting the relationship between different aspects of the phenomenon. This was then followed by a description study to develop a knowledge of a topic and finally, we must explain (explain) the research findings (10). Based on the data retrieval time, the design used was cross-sectional, where the cause and effect variables were studied and measured at the same time, all measured variables will form latent variables. The first phase of this study was explore the gap between the findings/facts with theories relating to factors that can realize family-centered empowerment. At this stage was explored family factors that can affect family-centered empowerment. The samples in this study were the families who had children suffering from leukemia being treated at Pediatrics Ward Dr. Soetomo Surabaya for 140 respondents. Sample selected by consecutive sampling.

RESULTS

In this research, it was found that there was an influence of family factor toward family empowerment equal to T: 3.801. The value was greater than the standard t value of 1.96 so that there was a significant effect of a family factor on family empowerment in caring children with leukemia. Dimensions of a family factor were consists of motivation, cognitive, perceived a threat, coping mechanism, social support, and caregiver demands). Dimensions of family empowerment were responsibility, respect, and care.

Table 1: Characteristic fa	nily factor in Pediatric	 Ward RSUD Dr. Soetomo 	, Surabaya, 2017

Fam	ily Factor	category	f	%
Dimensions	Range	_		
Motivation	< 27.10	low	28	20.0
	$27.10 \le X \le 37.04$	moderate	87	62.1
	> 37.04	high	25	17.9
Cognitive	< 1337.75	low	19	13.6
	1337.75 ≤ X ≤	moderate	101	72.1
	1650.06			
	> 1650.06	high	20	14.3
Perceived	< 4	low	47	33.6
Threat	$4 \le X \le 6.74$	moderate	59	42.1
	> 6.74	high	34	24.3
Coping	< 28.88	low	35	25.0
	$28.88 \le X \le 42.47$	moderate	70	50.0
	> 42.47	high	35	25.0
Social support	< 40.84	low	26	18.6
	$40.84 \le X \le 60.49$	moderate	99	70.7
	> 60.49	high	15	10.7
Care Receiver	< 18.48	low	21	15.0
Impairment	$18.48 \le X \le 23.26$	moderate	106	75.7
	> 23.26	high	13	9.3
Competing	< 21.79	low	22	15.7
Role Demands	$21.79 \le X \le 27.82$	moderate	92	65.7
	> 27.82	high	26	18.6
Caregiving	< 17.93	low	23	16.4
Activities	$17.93 \le X \le 27.98$	moderate	85	60.7
	> 27.98	high	32	22.9

The dimension of family factors in this study included motivation, cognitive, perceived threat, coping, social support, and caregiver demand. In each dimension can be seen that most of the dimensions that exist in the family factor was in the moderate category.

Table 2: Influence of family empowerment factor in pediatric ward RSUD R. Soetomo, Surabaya 2017

Relationship between variables	Original Sample	T Statistics	
Family Factor → Family Centered Empowerment	0.3153	3.8011	

DISCUSSION

The dimensions of family factors that influence family empowerment in treating child leukemia consist of motivation, cognitive, perceived threat, coping, social support, and caregiver demands⁽⁷⁾. In this research, it is found that the mean dimension of family factor is in medium category. This is supported by the level of family education mostly in

the high school category (73.4%). The higher level of individual education will provide a mature understanding to the individual to choose or decide a thing. The role of family is very important to the family's empowerment in caring for children with leukemia. The higher the motivation the more families feel empowered in providing care to their children who are treated with leukemia⁽¹¹⁾.

Empowerment embodies various outcomes and wellbeing and is a necessary condition but not the main thing. Empowerment a process whereby people who have been denied the ability to make choices acquire those abilities⁽¹²⁾.

The family provides an assessment of how the health worker in this case nurses, provides strength, facilitates, and provides support to the family in treating childhood leukemia (13). The dimensions of nurse factors perceived by the family to assist themselves in empowering their ability to care for leukemia children are in the moderate category. Families who have received information from health workers are expected to have good knowledge in health care so that they can form a strong responsibility and commitment within the patient to achieve the goal of care^{(14),(15)}.

Increased family-based health involves family strength/ability in coping mechanisms, the role of nurses to encourage families to provide support in child health care and cooperation between nurses and families⁽¹⁶⁾. The role of the family is very important in the stages of health care, from stages of health promotion, prevention, treatment, to rehabilitation⁽¹⁷⁾.

Family empowerment includes a capacity building paradigm⁽²⁾ that emphasizes family strength and focuses on family units, not just sick children. Family empowerment provides an opportunity for families to better understand the reality of the family and acquire the knowledge and skills to make wise decisions relating to children and families in getting to know the problems/needs, managing child care effectively, and confidently mastering family challenges⁽²⁾.

CONCLUSION

Empowerment is an ongoing process to improve people's ability and independence in improving their standard of living, it can only be done by generating their empowerment, to improve their lives on their own strengths⁽¹⁸⁾. Factors affecting family empowerment should be considered in providing empowerment interventions, because these factors as a determinant of the success of nursing interventions in providing treatment in children with leukemia. Further research is needed primarily to look at other influential variables in this study such as empowerment interventions by applying factor applications that affect how family empowerment processes are performed.

REFERENCES

- 1. Deatrick JA, Knafl KA. Management Behavior: Day to Day Adjustments to Childhood Chronic Condition. J Pediatr Nurs. 1990;5:15-22.
- 2. Dunst CJ. Family-Centered Practices, Parent Engagement, and Parent and Family Functioning. 2011.
- 3. Wuest J, Stern P. Empowerment in Primary Health Care: The Challenge for Nurses. Qual Health Res. 1991;1:80-99.
- 4. Popp JM, Conway M, Pantaleao A. Parents' Experience with Their Child's Cancer Diagnosis: Do Hopefulness, Family Functioning, and Perceptions of Care Matter? J Pediatr Oncol Nurs. 2015;32(4):253-60.
- 5. Wright L, Leahey M. Nurses and Families: a Guide in Family Assessment and Intervention. Philadelpia: Davis; 2000.
- 6. Johansson A. Empowermental Nursing Experiences of Empowerment and Disempowerment Made by Patients in Need of Long Term Nursing. 2006.
- 7. Jones PS, Winslow BW, Lee JW, Burns M, Zhang XE. Development of a caregiver empowerment model to promote positive outcomes. JFamNurs. 2011;17(1552-549X (Electronic)):11-28.
- 8. Chiu MYL, Wei GFW, Lee S, Choovanichvong S, Wong FHT. Empowering Caregivers: Impact Analysis of FamilyLink Education Programme (FLEP) in Hong Kong, Taipei and Bangkok. Int J Soc Psychiatry. 2013;59(1):28-39.
- 9. Elcigil A, Conk Z. Determining the Burden of Mother with Children Who Have Cancer. DEUHYO; 2010;175-181.
- 10. Rowley J. Using Case Studies in Research Hill College of Higher. 2009;
- 11. Pradono J. Relationship between Level of Education, Knowledge about Environmental Health, Healthy Life Behavior with Health Status: Correlation Study on Population Aged 10-24 in Central Jakarta (Hubungan antara Tingkat Pendidikan, Pengetahuan Tentang Kesehatan Lingkungan, Perilaku Hidup Sehat dengan Status Kesehatan: Studi Korelasi pada Penduduk Umur 10-24 Tahun di Jakarta Pusat). 2013;89–95.
- 12. Zimmerman M. Empowerment Theory: Psychological, Organizational and Community Levels of Analysis. Handb community Psychol. 2000;(1984):43-63.
- 13. Friedman, Marylin M. Family Nursing Practices: Theory, Assessment, Diagnosis, and Intervention (Praktik Keperawatan Keluarga: Teori, Pengkajian, Diagnosa, dan Intervensi). Jakarta: EGC; 2003.
- 14. American Academy of Pediatrics. Patient and Family-Centered Care and the Pediatrician's Role. Pediatrics. 2012;129(2):394-404.
- 15. AAP. Committee on Hospital Care. Pediatrics. 2003;103(5):1050-1052.
- Newton K. Children Resiliency, Adjusment, Coping: Cancer Related Context & Within-Child Factors. Texas University;
 2007
- 17. Friedman, Marilyn M. Family Nursing: Theory & Practice (Keperawatan Keluarga: Teori & Praktik). Jakarta: EGC; 1998.
- 18. Fotoukian Z, Mohammadi SF, Fallahi KM, Mohammadi E. Concept Analysis of Empowerment in Old People with Chronic Diseases using a Hybrid Model. Asian Nurs Res (Korean Soc Nurs Sci). 2014;8(2):118-27.