

SYSTEMATIC LITERATURE REVIEW OF THE EFFECTIVENESS OF CARE GIVER-BASED HEALTH EDUCATION IN IMPROVING THE ACHIEVEMENT OF FAMILY HEALTH TASKS

Risky Febrian^{1*}, Candra Saputra¹, Deswinda¹, Fitry Erlin¹

¹ Department 1 Students of the Pekanbaru State Umbrella Health Institute, 2, 3, 4 Lecturers of the Pekanbaru Payung Negeri Health Institute

*Corresponding author: rizkyfebrian0223@gmail.com

Abstract

Background: The task of family health is an important thing for families to pay attention to, the important thing to pay attention to is starting from the aspects to which the family must have the ability to recognize health problems, make decisions, and provide family health services. In improving family health efforts, you can use education to your family or those closest to you through health education activities in the hope of identifying risk factors. Care Giver is an effort to meet family needs through carrying out family health duties. Care Giver is a reflection of the family's ability to maintain and improve the family's health status. The method used in the systematic literature review study is by conducting a review method on the Google Scholar and PubMed databases. By using an article search strategy, namely PEO (Population, Exposure, Outcome) framework, with codes (P)Family, (E)Health Education, (O)Care Giver. Researchers used 10 articles in conducting a Systematic Literature Review. At the start of the search, the researchers found 60 journals from 2 sources or data bases, namely Google Scholar and PubMed. From the 9 articles reviewed, it can be concluded that the influence of Care Giver-based Health Education in increasing the achievement of family health tasks is very influential and effective. Of the 9 articles reviewed by researchers, all research results stated that care giver-based health education could improve family health tasks.

Keywords: Family, Health education, Care Giver.

INTRODUCTION

Family health duties are important to pay attention to in the family, it is important to pay attention starting from the aspect of the extent to which the family must have the ability to be able to recognize health problems, make decisions, provide family health services, maintain the conditions of the home environment that supports health and maintain relationships that benefit the family and utilize health facilities (Scottish & Water, 2020).

The ability of families to perform family health tasks in solving health problems independently is an important factor to achieve family health status. Family care tasks consist of five main tasks that are interconnected, namely: 1) recognizing health problems, 2) deciding on health measures, 3) carrying out treatment, 4) modifying the environment, and 5) accessing health facilities (Ratnawati, 2018). The family's ability to carry out the five family tasks illustrates the role and function of the family in health care through coaching and guidance by nurses (Fadhlia & Sari, 2022).

In improving family health efforts, it can be used to educate the family or their closest people through an activity to provide health counseling in the hope of identifying risk factors, (Nurhasanah & Nurdahlia, 2020). The role of the family in the home is very important in maintaining family health, considering that the family is an introduction to the larger society and a link between individuals with a broader social structure. Therefore, the family is the main and strategic defense system in maintaining health in the family.(Pramesti & Family,

2022). Family involvement is very important as *Care Giver* to carry out daily activities (Karso & Rosmaharani, 2021).

Care Giver as one of the efforts to meet family needs through the implementation of family health tasks. *Care Giver* is a reflection of the family's ability to maintain and improve the health status of the family (Karso & Rosmaharani, 2021). This is important for families to pay attention to as *Care Giver*, to meet the needs and knowledge of the family as a *Care Giver*, then the family needs to take part in Health Education. In order for health education for families to be effective, health education for families is needed through *Health Education Based Care Giver*.

RESEARCH METHODS

The method carried out in the *systematic literature review* study is by conducting a study method on Google Scholar and pubmed databases. Using an article search strategy, namely the PEO (*Population, Exposure, Outcome*) framework, with the code (P)=Family, (E)=Health Education, (O)=Care Giver. The researcher used 9 articles in conducting a *Systematic Literature Review*. At the beginning of the search, the researcher obtained 60 journals from 2 sources or databases, namely Google Scholar and PubMed, with a time span of 2019-2024.

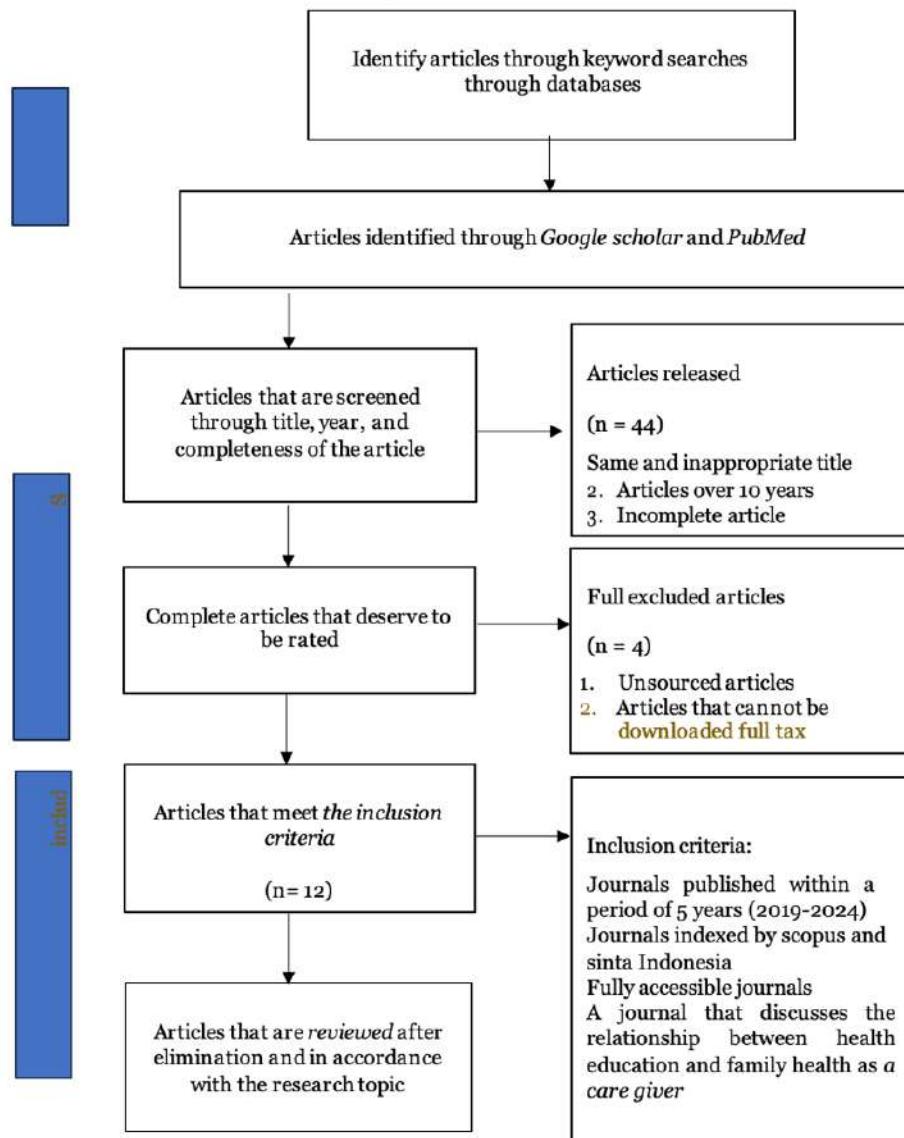
Table 1. Common Characteristics in Study Selection (n=9)

Category	n	&
Year of Publication		
2020	1	10%
2021	3	30%
2022	2	25%
2023	2	25%
2024	1	10%
Total	10	100

Research Design

Quasy experimental (4)	4	45%
Cross sectional (4)	4	45%
Case Studies (1)	1	10%
Total	10	100

1 PRISMA Flow Chart Diagram



RESEARCH RESULTS

Title, Author and Year Methods and Samples Research Results

Title, Author and Year	Methods and Samples	Research Results
Family Coaching on the Implementation of Family Health Tasks in Stroke Clients, Rnawati (2022)	The experimental research used the pretest-posttest control group design method involving 64 participants divided into 2 groups, namely 32 participants as the group that received family coaching intervention and 32 participants as the group	The results showed that the average score of the implementation of family health tasks of stroke clients in the control group during the pre-test was 50.23 with a standard deviation of 5.217, while the post test was 51.06 with a standard deviation of 3.162. The average score for the

Title, Author and Year	Methods and Samples	Research Results
	that did not receive family coaching intervention	implementation of stroke client family health tasks in the intervention group during the pre-test was 48.09 with a standard deviation of 7.199. The results of the statistical test were obtained that the p-value < 0.05.
Health Education in Improving the Knowledge, Attitudes and Skills of Families with Hypertension - Pilot Study Ainal Mardhiah (2023)	The data collection method is carried out in several stages. Pretest once for each respondent. The sampling technique with simple random sampling amounted to 37 people. The research instrument uses questionnaires designed by researchers that have been tested for validity and reliability.	The results showed that there was an influence of health education on the improvement of knowledge ($p = 0.0001$), attitude ($p = 0.0001$) and skills ($p = 0.0001$).
The Relationship of Family Knowledge and Family Behavior in Early Treatment of Stroke Mariana T.N Rosmary (2020)	This study uses a correlational descriptive design with a cross sectional approach. The sampling technique used is non-probability sampling type of accidental sampling. The respondents studied were 77 people, namely the families of the patients at the time of the stroke.	The results of bivariate analysis showed that there was a relationship between family knowledge and family behavior with values of $p=0.000$ and $r= 0.839$.
Family Psychoeducation for Elderly Clients and Caregivers with Hypertension Dwiyantoro (2022)	The design used in this study is a qualitative descriptive case study using a single instrumental study. The sample of this research is the family managed by the researcher.	The results of the study show that the benefits of providing family psychoeducation have an impact on clients and caregivers with an increase in knowledge from those who do not understand about hypertension to understand more about hypertension
Health Education Improves Family Knowledge and	The research method uses quantitative research with a quasi- experimental design	Results The study found significant differences before and after being

Title, Author and Year	Methods and Samples	Research Results
Skills in Fall Prevention in the Elderly Aan Nurhasanah (2020)	of pre - post test without control group The research implementation process, the researcher conducts a pre-test first, then the implementation of education in the form of health education about the prevention of the risk of falls, then measurements are carried out after education	given health education on knowledge ($p = 0.001$) with a difference in average value = 0.9183, and a family skill score with a value of $p = 0.035$) with a difference in average value = 1,100. gender affects the level of knowledge with a value of $P value = 0.000$ and employment status affects skills with a value of $p value$ of 0.001.
Analysis of the Relationship between the Role of Family Caregivers in the Fulfillment of Basic Human Needs in the Elderly at the Puskesmas Bersama Malang City Scarlet Witch (2023)	This study uses a descriptive research design of a cross-sectional cross-correlation approach. The sampling technique in this research is total sampling. So the number of samples in this study is 88 elderly people.	The results of this study show that the role of caregiver family according to the perception of the elderly as much as 79.5% is to provide an optimal role, the fulfillment of KDM in the elderly is fulfilled as much as 85.2%, and there is a significant relationship between the variables of the role of caregiver family and the variable of KDM fulfillment in the elderly with a value of $p=0.001$.
The Role of the Family in Caring for the Elderly with the Quality of Life of the Elderly Nurul Fadhilah (2021)	The design in the study is descriptive and analytical with a Cross Sectional approach. The sample in this study was 208 elderly people who were selected using the purposive sampling method with univariate and bivariate data analysis using the chi square test	The results of the research analysis showed a significant relationship between the role of the family and the quality of life of the elderly in the working area of the Kedaung Wetan Health Center with a value of $p : 0.000$.
Family Health Task and Family Independence Level in the Coastal Region of Surabaya City Yoga Kerpati (2019)	The design used in this study is cross sectional to determine the relationship between family health tasks and the level of family independence. The sampling technique used	The results showed that there was a significant positive relationship between family health tasks and the level of family independence ($p = 0.000$).

Title, Author and Year	Methods and Samples	Research Results
The Influence of Health Education to Increase Knowledge About Mental Health Dani Ferdian (2024)	simple random sampling using instruments in the form of questionnaires that describe indicators of family health tasks and the level of family independence	This study uses a quantitative method with a quasi experiment pre-test and post test without control group design. with a sample of students involved in the health education program with one group. The sample used was 40 students

DISCUSSION

From the 9 journals reviewed, it can be concluded that *care giver-based* health education can improve the achievement of out-of-state health tasks. This is because there is a difference in the value of knowledge, attitudes and skills of *pretest* and *posttest respondents*. Research conducted by Kosasih et al (2019) reported that before and after the intervention there was a significant difference in the average level of knowledge from 5.19 to 6.81 ($p = 0.012$) in treating stroke patients. Families need to be encouraged or motivated to face real situations. If one family member suffers a stroke, the whole family member suffers, if there is only one family member who takes care of this situation, it will be difficult. (Praxis, 2022) This is also supported by research conducted by Ifa Pannya Sakti et al (2023) The results of this study show that most of the roles of caregiver families according to the perception of the elderly in the RW 01 area of Sukoharjo Village, the Working Area of the Puskesmas Bersama Malang City have an optimal role. (79.5%) in meeting the needs of the elderly such as physical care, social care, emotional care and quality care. This is because most of the caregivers are children of the elderly (77.3%). Children have responsibilities to parents, especially parents who have entered old age, namely providing affection, attention, protection and meeting the needs of the elderly and caring if the elderly suffer from certain diseases. Family as a source of support that can provide various forms of support for the elderly such as psychological or emotional support, support in meeting the daily needs of the elderly, especially when the elderly are sick, social support such as overcoming loneliness experienced by the elderly, etc. Children who are part of the family are the most important supporters for the elderly in maintaining their health, the role of the family in this case is to care for and maintain the elderly, maintain and improve health, provide support and facilitate the needs of the elderly (Amri, 2019).

Based on research conducted by Nurdahlia et al (2020) educated 37 respondents on the aspect of knowledge, there was an increase from 7.0204 to 7.9388 with a difference of

0.9183. The skill aspect before education also showed 49,200 and after education there was an increase of 50,360 with a difference of 1,100. (Nurhasanah & Nurdahlia, 2020)

In line with the research conducted by Rohman Hikmat *et al* (2024) Based on the score category, it was found that the average pre-test score reached 70, while the average post-test score reached 92. Participants achieved a minimum score of 40 at the pre-test and 60 at the post-test. Meanwhile, the maximum score achieved by participants in the pre-test is 100, while in the post-test it remains 100. From the distribution of participants' scores, it can be identified that most of the students, namely 32 students (80%), have low pre-test scores. For post-test scores, the majority of students, namely 37 students (92.5%), achieved high scores. The results of this study show that there is a significant influence of health education on improving students' mental health knowledge (p value = 0.001). This is in line with previous research that showed that health education is an effective method to increase students' knowledge of various health issues (Hamdan *et al.*, 2023). Other research also states that education is needed by students as a means of increasing awareness of mental health (Muniroh *et al.*, 2022).

The results of the research conducted by Rina Puspita Sari *et al* (2021), as many as 47 respondents had poor quality of life (83.9%). Meanwhile, of the 113 respondents with a good family role, only 9 respondents had a poor quality of life (16.1%). The results of the chi square statistical test obtained a p value of 0.000 less than $\alpha= 0.05$. This means that the role of the family has an errat relationship with the quality of life of the elderly at the Kedaung Wetan Health Center. The results of this study are in accordance with the theory of the Ministry of Health-RI (2020) which explains that to maintain and improve the quality of life, the main thing that must be done is to increase family participation. The role of the family plays an important role in improving the quality of life and the degree of family health. (Fadhlia & Sari, 2022). Of course, it can be concluded that family health has a great influence on *Care Giver-based* Education to meet the needs of families, especially families who have family members who have special needs.

CONCLUSION

From the 9 articles reviewed, it can be concluded that the influence of *Care Giver-based* Education in improving the achievement of family health tasks is very influential and effective, knowing the overview of family health tasks, knowing the research methods used in all the articles studied, knowing the research results in the articles reviewed, summarizing journal analysis in the form of a table. Researchers obtained 1 article in 2020, 3 articles in 2021, 2 articles in 2022, 2 articles in 2023 and 1 article in 2024. The research design in the article studied was obtained in 4 articles with *experimental quasy design*, 4 *cross sectionals*, 1 case study.

REFERENCES

1. Alifudin, M. R., & Ediati, A. (2019). *The Experience of Being a Caregiver: A Descriptive Phenomenological Study on Stroke Survivors' Wives*. *EMPATI Journal*, 8(1), 111–116. <https://doi.org/10.14710/empati.2019.23583>
2. Asih, S. W., & Rohimah, M. A. (2021). *Efforts to increase elderly knowledge about hypertension through the Health Education Program Cerdik in the working area of the Patrang Health Center, Jember Regency*. *Journal of Health Sciences*, 10(1), 90–97.
3. Fadhlia, N., & Sari, R. P. (2022). *The role of the family in caring for the elderly with the quality of life of the elderly*. *Adi Husada Nursing Journal*, 7(2), 86. <https://doi.org/10.37036/ahnj.v7i2.202>

4. Hamzah, D. F., & Rafsanjani, T. M. (2022). *The Effect of Dagusibu Education and Simulation on Public Knowledge of Rational Drug Management at the Family Level*. *JUMANTIK (Scientific Journal of Health Research)*, 7(3), 247. <https://doi.org/10.30829/jumantik.v7i3.11640>
5. Harliani, Sain, I., & Jalil, N. (2020). *Family duties as "caregivers" for elderly family members who experience fristily syndrome. See also* (2012), 33–38.
6. Scientific, J., & Health, I. (2021). *ISSN 2089-4503 (print)*. 8487(3), 530–537.
7. Karso, I., & Rosmaharani, S. (2021). Family experience (care giver) in caring for the elderly with dependence on daily living activities. *Scientific Journal of Nursing*, 7(2), 359–365. <https://doi.org/10.33023/jikep.v7i2.883>
8. Mardhiah, A. (2015). *Health Education in Improving the Knowledge, Attitudes and Skills of Families with Hypertension - Pilot Study*. *Journal of Nursing Sciences*, 3(2), 111–121.
9. Mumpuni, M., & Tutiany, T. (2021). *An overview of the ability to carry out family health tasks in clients with coronary heart disease*. *Journal of Health and Cardiovascular Nursing*, 1(1), 1–8. <https://doi.org/10.36082/jhcn.v1i1.263>
10. Mustikasari, M. (2020). *The implementation of Healt Education in improving the readiness of families to care for pstroke patients*. *Indonesian Journal of Nursing*, 10(2), 48–53.
11. Nora, R. (2018). Phenomenological Study: *Matrilineal Family Experience in Caring for Violent Behavior Clients in Padang City*. *Journal of Endurance*, 3(3), 422. <https://doi.org/10.22216/jen.v3i3.2988>
12. Nurhasanah, A., & Nurdahlia, N. (2020). *Health education improves family knowledge and skills in the prevention of falls in the elderly*. *Jkep*, 5(1), 84–100. <https://doi.org/10.32668/jkep.v5i1.359>
13. Pramesti, E. L., & Family, T. K. (2022). *Stikes Bethesda Students' Experience in Carrying Out Family Health Tasks for Confirmed Covid-19 Family Members in Yogyakarta Introduction*
14. Prasetyo, A. E., & Key, K. (2021). *Mental health awareness education as an effort to treat the mental health of adolescents during pandemic*. *Journal of Empowerment*, 2(2), 261–269.
15. Pratiwi, I. D., & Shofa, M. F. (2021). *Education in Creating a Healthy and Smart Society During the Covid Pandemic 19*. *Journal of Education and Community Empowerment*, 8(1), 48–57.
16. Praxis. (2022). *NO FAMILY COACHING ON THE IMPLEMENTATION OF FAMILY HEALTH TASKS IN STROKE CLIENTS*. *Journal of Economic Perspectives*, 2(1), 1–4.
17. Rahmawati, I. N., Putra, K. R., & Noviyanti, L. W. (2024). *Application of e-Health Education Application to Improve Knowledge, Patient Self-Care, and Family Readiness in Caring for Patients with Chronic Diseases at Home*. *Tri Dharma Mandiri*, 4(1), 2232. <https://doi.org/10.21776/ub.jtridharma.2024.004.01.22>
18. Rosmary, M. T. N., & Handayani, F. (2020). *The Relationship of Family Knowledge and Family Behavior in the Early Treatment of Stroke Incidence*. *Holistic Nursing and Health Science*, 3(1), 32–39. <https://doi.org/10.14710/hnhs.3.1.2020.32-39>
19. Scottish Water. (2020). *No THE EFFECT OF EDUCATION USING E-LEAFLET MEDIA ON HYPERTENSION PREVENTION KNOWLEDGE AND ATTITUDES IN ADOLESCENTS*. 21(1), 1–9.
20. Sunandar, K., & Suheti, T. (2020). *Implementation of five health tasks in families with hypertensive clients*. *Journal of Health Research*, 12(2), 452–461. <https://doi.org/10.34011/juriskesbdg.v12i2.862>
21. Suryati, I. (2023). *Implementation of Five Family Health Tasks in Postpartum Mothers*.

7(April), 596–603.

22. Wahyuni, S. D. (2019). *Family Health Task in Handling Health Cases. Journal of Community Nursing*, 4(1), 23–28.