

Nurses' perception of family tree-wellbeing

Suwarno^{1*}, Darunee Jongudomkarn²

¹Universitas Jenderal Achmad Yani Yogyakarta, Yogyakarta, Indonesia

²Khon Kaen University, Thailand

¹suwarno.m787@gmail.com*; ²darjonster@gmail.com

*corresponding author

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Abstract

Family Nursing is the nursing science branch that learns the nursing process, especially family health assessment (FHA). One of the items on FHA is the family tree wellbeing with five pictures that the family can choose based on their condition. The research was conducted in the Primary Care Unit, Bantul, Yogyakarta, in eight nurses. It employed a qualitative data research design with Focus Group Discussion were analyzed using coding, categorizing, and theme. The respondents said that family tree wellbeing assessment and symbols were easy to learn and straightforward, and it could be used to evaluate the family wellbeing conditions.

Keywords: family tree wellbeing; nurses' perception

INTRODUCTION

Family is people living together with blood relationships, marriage, and adoption whose purpose is to create, maintain culture, and improve physical, mental and social development in each family (Sahar, Setiawan & Riasmini, 2019). If the family has a physical or psychological problem, they need the health care provider such as nurses to assess the family needs and health. Nurses focus on the family as a context, client, system, and component of the society (Kaakinen et al, 2015) because, if one family member suffer from an illness the other family member are also affected (Wright and Leahey 2013 cit Pusa, Isaksson, & Sudin, 2021). They need the family nursing services as a holistic services that place the family and its components as the focus of family health services. The nurses' role in solving family health needs and problems is called as the family nursing process (Siregar et al., 2020).

The family nursing process consists of family health assessment, diagnosis, intervention, implementation, and evaluation (Wright and Leahey, 2013). First is the family health assessment to identify family health needs and problems. Second is the family diagnostic to identify the family problem and its priority. The third is the family intervention as the next step of the family diagnostic. In this step, nurses will apply their skills to analyze the treatment outcome and the best nursing intervention to solve the family health problem. The last is the family implementation and evaluation. Family nurses have a duty to implement their intervention based on the priority of family nursing diagnostic. After implementing their treatment, the family nurses report it in the family nursing evaluation form (Kaakinen et al, 2015; Undang-Undang Republik Indonesia No. 38, 2014; AIPNI, 2016). In Indonesia Ministry of Health Program that



has been launched as a promotive and preventive effort at the family level is Healthy Indonesia Program through the Family Approach (PIS-PK) (Kemenkes RI, 2016; Kemenkes RI, 2019). In this article, the researchers focus on family health assessment.

The researchers developed the KKU Family Health Assessing tool Model introduced in 2006 by Jongudomkarn & Macduff. In 2016, the KKU FHA Tool was adopted in Indonesian culture, both quantitative and qualitative data. The KKU family health assessment tool, contain some components such as genogram, ecomap, family mapping/attachment, family tree wellbeing, and five key questions. It is beneficial for nurses to identify family health needs and problems (Jongugomkarn et al., 2013; Jongudomkarn & Macduff, 2014; Suwarno & Jongudomkarn, 2016; Suwarno & Jongudomkarn, 2016); Suwarno & Jongudomkarn, 2016; Suwarno & Jongudomkarn, 2016). In this research, the researchers focused on the family tree wellbeing in order to identify the level of family wellbeing and its appropriateness in the Indonesian culture.

The family tree wellbeing assessment is carried out to assess the perception of the family members. It concerns subjective aspects of the family and holistic view of family wellbeing, consisting of coping with problems, having the same goals, having useful resources, and performing the expected roles. This dynamic can change all the time, depending on the internal and external factors of the family. Thus, these following aspects should be assessed in every visit. Family tree wellbeing has five levels (levels of 0, 1, 2, 3, and 4) (Jongudomkarn & Macduff, 2014; Suwarno & Jongudomkarn, 2016).

In this research, the researchers used the KKU Family Health Assessing Tool training program to build the perception of nurses' knowledge and experience about the tool. Another reason is Indonesian characteristic is similar to Thailand and in the other area in ASEAN. Based on the explanation above, the researchers were interested in studying "Nurses' Perception of Family Tree-Wellbeing."

RESEARCH METHODS

Seven participants in this study volunteered to participate in the FGD session before joining the training program. The researchers explained to the participants about the FGD session before implementing the training program, and the total number of respondents who joined the FGD session was seven respondents. They were divided into two groups: the first group included four participants aged over 30 years old, four respondents had Diploma IV (two persons) and Diploma III (two persons) as their educational background, and the second group included three participants aged below 30 years old (three females, with a bachelor degree (one person) and Diploma three (two persons) as their educational background. The respondents were entitled to withdraw themselves at any time during the FGD. As a result, the FGD session included only seven voluntary nurses because one participant had another schedule to complete her task regarding Primary Care Unit accreditation.

The qualitative data has been collected with data resources, both of recorder tool and research assistant note. First, the data were input into the excel program, and then the data were categorized according to the participants' answers. The results of the categorized data were concluded to describe the participants' statements. The significant findings and discussions were compared to the theoretical framework, and the research results in relevant literature (Martinez, 2012).

RESULTS AND DISCUSSION

1.1. Demographic Data Result

Table 1. The Demographic Data of respondent in Focus Group Discussion session (N=7)

Demography Data	Frequency	Percentage (%)
Age (years old)		
21 to 30	3	42.86
31 to 40	2	28.57
41 to 50	2	28.57
51 to 60	0	0
Sex		
Male	2	28.57
Female	5	71.43
Educational Background		
D3	3	42.86
D4	2	28.57
S1	2	28.57
Work Experiences (years)		
1 to 10	4	57.14
11 to 20	1	14.29
21 to 30	2	18.57

Most of the respondents were female (71.43%) aged 21 to 30 years old (42.86%) with DIII educational background (42.86%) and various work experience (one to ten) (28.57%) based on **Table 1**.

1.2. Nurses' Perception of Family Tree Wellbeing Result

1.2.1. Family tree wellbeing assessment was easy and simple

Family tree wellbeing was easy, simple, and could describe, analyze, and evaluate the family wellbeing conditions (57.14%). The examples of respondents' statements were as follow;

Respondent 2, "untuk mengisinya mudah, dapat menggambarkan kondisi keluarga masuk ke dalam level kesejahteraan level berapa."

"it is easy to complete the family tree wellbeing; it can describe the family condition that shows in which level of wellbeing it belongs to" (English version).

Respondent 3, "sangat mudah sekali untuk mengevaluasi dan menganalisa kondisi keluarga."

"It is very easy to evaluate and analyze the family condition" (English version).

Respondent 7, "cukup menjelaskan saja, pasien suruh baca, lebih ringkas."

"We just explain it, then ask the patients to read, it is simpler" (English version).

Respondent 4, “ini adalah hal baru bagi saya dan perlu mempelajari serta memahami lebih, setelah implementasi saya jadi mengetahui keluarga masuk ke dalam level mana.”

“This is a new thing for me and I need to learn and get more understanding about it, but after implementing it, I know in which level the family belongs to” (English version).

However, it was rather ambiguous because the data were subjective. Therefore, it was difficult to interview or ask the family about the level of wellbeing (14.29%). The respondents’ statements were described as follow;

Respondent 1, “agak rancu, karena data subjektif jadi ada kesulitan untuk menanyakan level kesejahteraan keluarga.”

“It is rather ambiguous, because the data is subjective so it’s difficult for me to ask the respondent about the level of family wellbeing” (English version).

Moreover, it took more time to elicit information from the patients (14.29%).

Respondent 5 said that, “menjelaskan lebih lama dengan pasien, membutuhkan waktu yang lama.”

“It needs long time to explain to the patient” (English version).

One respondent (14.29%) suggested that the patient should have filled the assessment form by him/ herself. The statement from the respondent 6,

“pasien mengisi sendiri dari level 0 sampai 4, perlu pakai skoring,”

“the patient fulfills it by herself/ himself from zero to the fourth level, it requires scoring rubric” (English version).

1.2.2. The family tree wellbeing symbols

The symbols in the family tree wellbeing were very easy (85.71%), the respondents’ example statements as follows;

Respondent 2 and 4, “simbol di dalam family tree wellbeing itu mudah.”

“the family tree wellbeing symbols are easy” (English version).

Respondent 5, 6, and 7 “simbol family wellbeing tree lebih mudah.”

“the family wellbeing tree symbols are easier to understand” (English version).

Respondent 3, “simbol family tree wellbeing sangat mudah.”

“The family tree wellbeing symbols are very easy” (English version).

However, one respondent (14.29%) perceived that it was a little bit ambiguous and necessary to have the scoring items from the nurses, the respondent’s statement as follows;

Respondent 1, “simbol dari family tree wellbeing agak rancu, perlu adanya scoring dari perawat.”

“The family tree wellbeing symbols are rather ambiguous, they require the scoring rubric from the nurses” (English version).

1.2.3. The benefits of family tree wellbeing

The benefits of family tree wellbeing were very straightforward to fill, analyze, and able to evaluate the family wellbeing condition (71.43%), the respondents' example statement as follows;

Respondent 2, “pengkajian family tree wellbeing sangat mudah untuk mengisinya”

“the family tree wellbeing assessment is very effortless to complete” (English version).

Respondent 3, “sangat mudah sekali untuk mengevaluasi dan menganalisa kondisi keluarga.”

“it is very easy to evaluate and analyze the family conditions” (English version).

Respondent 4, “pada pertemuan pertama keluarga masuk ke dalam level yang tinggi, kemudian setelah dilakukan pengkajian lagi atau ketika home visit terjadi peningkatan level kesejahteraan keluarga.”

“at the first meeting, the family belongs to the highest level, and after implementing the assessment or when we do home visit, the level of family tree wellbeing is increasing” (English version).

Respondent 6, “apabila bisa mengkaji dengan detail akan membantu pasien dan keluarga secara keseluruhan”

“If we can do family tree wellbeing in detailed, it will help the patient and family entirely” (English version).

While 2 respondents (28.57%) disagreed, the respondents' statements as follow:

Respondent 1, “belum menemukan,” in English, “I have not found yet” (English version).

Respondent 5, “saya belum tahu secara pasti kelebihanannya.”

“I have not known yet the benefits of family tree wellbeing” (English version).

1.2.4. The barriers of family tree wellbeing

Three respondents (42.86%) reported that the barriers for this tool came from the honesty or dishonesty of the patients' answer. The example respondent statement as follows;

Respondent 5, “persepsi keluarga yang dapat berakibat jujur atau tidaknya ada masalah bagi keluarga.”

“the family perception can cause the appearance of honest or dishonest statements on the family problem existence” (English version).

Respondent 6, “hambatan dari pasien itu sendiri yang perlu ada persamaan persepsi.”

“the barriers are coming from that patient himself/ herself who needs the perception equality” (English version).

Respondent 7, “jika keluarga tidak terlalu jujur.”

“ the family is not too honest” (English version).

One respondent (14.29%) reported that it would be challenging to implement the tool on a mentally ill patient, the respondent’ suggestions as follows;

respondent 4, “perlu dicatat bahwa jika perawat mengkaji keluarga pada keluarga dengan gangguan jiwa atau penyakit kronis akan mempengaruhi kepercayaan atau jawaban dari keluarga sehingga dapat menyebabkan data pengkajian tidak real (level gangguan jiwa susah).”

“It should be noted that if the nurses assess the family having mental illness or chronic disease, it will influence the answer or family trust, so it can cause the unreal data assessment (for the severe mental illness)” (English version).

Only one respondent (14.29%) reported that he/ she hadn’t found any barrier when he/ she implemented the family tree wellbeing, the respondents’ statements as follow,

Respondent 3, “tidak ada hambatan.”

“I did not find any obstacle” (English version).

After implementing the family tree wellbeing, 2 respondents (28.57%) argued that the data was subjective and it required the scoring items from nurses as the indicators, the statement from respondent 1 as follows,

“agak rancu atau meragukan karena merupakan data subjektif yang akan ditanyakan keluarga termasuk ke dalam level berapa, sebaiknya adanya alat tambahan seperti kriteria, atau sistem skoring sehingga jawaban dari keluarga dapat dipertanggung jawabkan kebenarannya, karena hal ini masuk ke dalam persepsi keluarga yang bersifat subjektif.”

“it is rather ambiguous because of the subjective data that will be asked to the family dealing with the level of the family belong to. It will be better, if there is additional tool such as: criteria, or scoring system so we can be responsible for the truth of the data obtained from the family answer, because it includes to the subjective family perception” (English version).

Respondent 2, “data subjektif, saran perlu adanya interpretasi dari perawat dengan adanya skoring sebagai indikator.”

“my suggestion for subjective data is that there should be a scoring rubric as the indicator for the nurses’ interpretation” (English version).

1.3. Nurses’ Perception of Family Tree Wellbeing Discussion

The majority of the respondents’ sex is female, with the last educational background is Diploma III. The number of nurses who work in health services as much as 263 nurses in Bantul (Dinkes Bantul, 2014) and Kulonprogo as much as 141 nurses

(Dinkes Kulonprogo, 2015). Many nurses work in Bantul, and the majority respondent is female.

The educational background of nurses who work in the PCU Bantul is D3. It was the same as the majority of the educational background of the respondent in this study. In this study, the majority of the work experiences of respondents were under ten years. The experience theory came from continuity and interaction. Continuity means that everything will happen from the past that affects to now or the future time. Whereas, the meaning of interaction in experience is the situation and experience influences from the teacher/lecturer/trainer to their student or college or trainee experiences (Edeeb, 2013). This study's work experiences affected the past experiences either from their school, workplace, or new experiences about KKKU FHA Tool training program. Nurse managers who have work experience more than ten years are more significant to get continuing training than nurses have experienced less than ten years (Kang, lee & Chang, 2014).

After the respondents participated in the KKKU FHA tool-training program and implemented the KKKU FHA Tool form with the patients for two weeks, seven of the respondents volunteered to join the focus group discussion. They were divided into two groups, and the FGD sessions were conducted at different times. Four people participated in the first FGD session, and three people joined the second FGD session. The result of the FGD session is explained Family tree wellbeing and application of KKKU FHA tool in a clinic and educational program).

Family tree wellbeing is one of the KKKU FHA Tool components that was very easy, simple, and could describe the family condition's current wellness.

One of the respondents reported that, “sangat mudah sekali untuk mengevaluasi dan menganalisa kondisi keluarga.”

“It is very easy to evaluate and analyze the family conditions” (English version).

However, some of the respondents argued that the result of family tree wellbeing assessment was ambiguous because the results are subjective and it needs the scoring from the nurses as the indicators.

The respondents stated that, “agak rancu atau meragukan karena merupakan data subjektif yang akan ditanyakan keluarga termasuk ke dalam level berapa, sebaiknya adanya alat tambahan seperti kriteria, atau sistem skoring sehingga jawaban dari keluarga dapat dipertanggung jawabkan kebenarannya, karena hal ini masuk ke dalam persepsi keluarga yang bersifat subjektif.”

“It was ambiguous and challenging because the data were subjective, especially when asking about the level. It will be better if there is an additional tool like the criteria or scoring system so that the family’s answers can be accounted for the truth” (English version)

Assessment of family wellbeing is carried out to assess the perception of the family members. It concerns subjective aspects of the family and holistic view of family wellbeing, which consists of coping with problems, having the same goals, having useful resources, and performing the expected roles. This dynamic can change all the time, depending on factors inside and outside the family. Thus, these following aspects

should be assessed every time of visit (Jongudomkarn & Macduff, 2014; Suwarno & Jongudomkarn, 2016; Suwarno & Jongudomkarn, 2016); Suwarno & Jongudomkarn, 2016; Suwarno & Jongudomkarn, 2016).

Problem of family coping:

- 1) Assess how the family had coped with problems in the past (encourage them to tell the experiences they had when dealing with big problems to predict how they will cope with the problems in the future).
- 2) Assess ongoing problems and how they are coping with them to identify risks that might occur at present and in the future.

Assessment of the Wellness of the family tree is used to assess the family's wellness according to their perception at present (**Figure 1**). This family tree is an objective tool that can be easily understood by villagers, and it helps reflect the family member's perception of problems and help needed. This assessment can lead to elaborate discussion. However, the perception assessed might be the same or different. If it is different, there must be a gap in the family members' perception, which could lead to conflicts in the family. If this assessment is carried out in the first place, it will help to reduce the thinking gap in the family and create more understanding among family members by using a family map and ecomap. It can help nurses see the objective structure, strengths, weaknesses, resources, and social networks of the family which will help in promoting health in the family (Jongugomkarn et al., 2013; Jongudomkarn & Macduff, 2014; Suwarno & Jongudomkarn, 2016; Suwarno & Jongudomkarn, 2016); Suwarno & Jongudomkarn, 2016; Suwarno & Jongudomkarn, 2016).

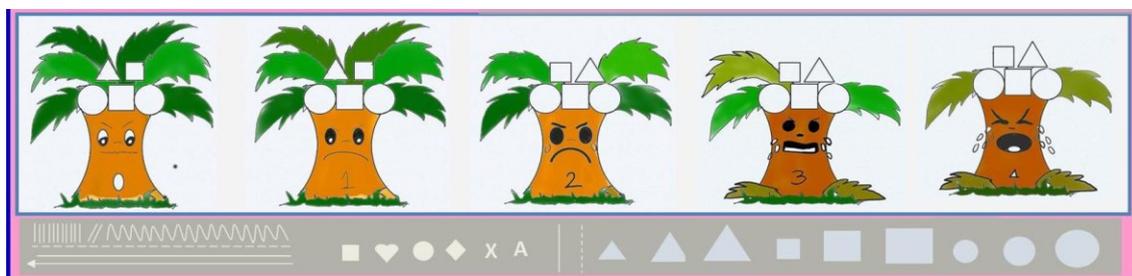


Figure 1. The family tree wellbeing assessment figure

Level (0)	Level (1)	Level (2)	Level (3)	Level (4)
No problem or problems are manageable in the family	Minimal problems or the family needs minimal help	Minor problem or the family needs minor help	Big problem or the family seriously needs help	Major problem or the family terribly needs help

When assessing the family's wellbeing, the assessor should explain to the family member that the family is just like a tree (**Figure 1**). If wellbeing is good, leaves and fruit will smile, indicating that no problem should be solved. If there are some emotional problems, but the roots still stand strong, it will be level 1. If the problem affects the leaves and starts to fall, the problem is in level 2. If the problem gets serious and the leaves turn dry and fall, the problem is level 3. If the problem gets so serious that it affects the tree's whole system, the problem is in level 4. Each family member will be asked to select the level that most represents their family according to their perception. Mark ✓ on the level that the family thinks most represents the situation at

present. (Jongudomkarn & Macduff, 2014; Suwarno & Jongudomkarn, 2016; Suwarno & Jongudomkarn, 2016); Suwarno & Jongudomkarn, 2016; Suwarno & Jongudomkarn, 2016).

CONCLUSION

The nurses' perception of family tree wellbeing has a positive effect on the family tree wellbeing assessment and tool. Family tree wellbeing assessment is very easy, simple, and could describe the family condition's current wellness based on family perceptions and their problems.

LIMITATION

There were several limitations to the study. Nurses have duties at the workplace; they could not leave their work. At the primary care unit in Bantul Yogyakarta have shift work. Additionally, KKU FHA tool form was used in Thai language then translated to English and finally translated to Indonesia (Language back translation). To solve this problem, the researchers used the back-translation technique. Linguistic professional experts from KKU language center translated the original version of KKU Family Health Assessing tool from Thai to English. The tool was then translated from English to Indonesia by PPB Muhammadiyah University of Purwokerto, Middle of Java, Indonesia. The back translation and the original version of KKU FHA tool form and questionnaire were proved for the correct meaning and grammar.

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