

SUPPORT GROUP FOR PATIENTS WITH CARDIOVASCULAR DISEASES AND HOW TO BUILD INTIMATION WITHIN THEM: A LITERATURE REVIEW

Ai Cahyati^{1,5}, Elly Nurachmah², Masfuri³, Kemal Siregar⁴

¹Student of the Nursing Doctoral Study Program, Faculty of Nursing, University of Indonesia, Jl. Prof. Dr. Bahder Djohan, UI Depok Campus, West Java 16424, Indonesia*

^{2, 3}Faculty of Nursing, University of Indonesia, Jl. Prof. Dr. Bahder Djohan, Ul Depok Campus, West Java 16424, Indonesia

 ⁴Faculty of Public Health, University of Indonesia, Jl. The University of Indonesia Jl. Lingkar Kampus, Depok City, West Java 16424, Indonesia
⁵Health Polytechnic of the Ministry of Health Tasikmalaya, Jl. Cilolohan No. 35 Tasikmalaya City, West Java, 46115, Indonesia

Corresponding author's email: ai.cahyati94@gmail.com

Submitted: August 27, 2024Accepted: December 17, 2024Published: January 01, 2025Doi: https://doi.org/10.33024/mahesa.v5i1.17277

ABSTRACT

Cardiovascular disease (CVD) is a deadly disease and patients need to adhere to a self-care management program for the rest of their lives. Many patients fail to maintain their condition and require re-hospitalization which is assumed due to lack of support. Support groups are a continuity of care effort for patients with cardiovascular disease that are useful as a place for sharing, education, and recreation. This paper aims to gather information and analyze evidence-based information regarding the role of support groups for cardiovascular patients and how to build intimacy in these support groups. The method is based on a literature review of relevant databases surrounding intimacy in support groups for patients with cardiovascular disease. The results of the study showed that support group activities can be organized by peer groups or professional groups which are carried out online or offline. The success of a support group as a medium for changing patient behavior depends on the intimacy/closeness that is formed within the group itself. The intimacy that can be seen from members feeling the need for a support group is the potential for support group activities to last a long time. A support group with a climate of intimacy has been formed to provide continuity of care for cardiovascular disease patients. Support groups that have established intimacy between group members are very necessary for patients with CVD to increase compliance and prevent readmission.

Keywords: Support Group; Intimacy; Cardiovascular Disease

INTRODUCTION

Tahun 2025

Cardiovascular disease (CVD) is a disease caused by disorders of the blood vessels and heart which is the main cause of death and a challenge for world health. The mortality rate due to cardiovascular disease in Southeast Asia in 2021 ranges from 124.9 to 421.6 per 100,000 people. (Lindstrom M et al., 2022). Cardiovascular disease is a collection of conditions that affect normal heart function, including coronary heart disease, heart failure, arrhythmia, congenital heart disease, and hypertension which cause a decrease in the heart's ability to pump blood and impaired blood circulation which threatens a person's health. (Kemenkes RI, 2022). Cardiovascular disease has a broad impact on patients and families, and the government must allocate a larger health financing budget.

new American Heart The Association (AHA) Scientific Statement, Forecasting the Burden of Cardiovascular Disease (CVD) and Stroke in the United States Through 2050 reveals that the incidence of cardiovascular disease is predicted to increase. This is due to factors that cause cardiovascular disease, especially factors that can be modified (hypertension, diabetes, obesity, and hypercholesterolemia) and show an increasing trend. Based on United States national survey data from 2010 to 2020, the AHA projects that future levels of CVD risk factors and prevalence over 30 years (from 2020 to 2050) are predicted to increase (Moran & Goldman, 2024). The prevalence of CVD based on doctor's diagnosis in the population of all ages in Indonesia based on the results of the 2023 Indonesian Health Survey (SKI) is 0.85%, with the highest prevalence in Central Papua Province (1.65%), DKI Jakarta 1.56% and West Java is in

third place, namely 1.18% (BKPK Kementerian Kesehatan RI, 2023). Predictions of increasing morbidity due to CVD need to be of concern to the public, government, and health practitioners because CVD is the main cause of decreased quality of life and global mortality. (Roth et al., 2018).

CVD patients must be disciplined in self-care programs such as adhering to diet, fluid restrictions, and monitoring for lifecomplications. threatening This requires strong motivation from patients and support from family, community, and government. One effective strategy to improve selfcare discipline is through support groups, patients with the same disease can help each other overcome their health problems interaction through social and psychological support. Previous research results emphasized that formal peer support services from people with similar life experiences improve patients' ability to transition from hospital to home, manage physical health, and recover patients from illness in with psychiatric disabilities. (Corrigan et al., 2022). Support groups for patients with cardiovascular disease are very important to maintain their good quality of life. This paper aims to collect information and analyze evidence-based information on the importance of support groups for cardiovascular patients and how to build intimacy in these support groups.

RESEARCH METHODOLOGY

The writing method uses a literature study method, namely analyzing various articles about intimacy in CVD patient support groups. Data collection was carried out by searching for articles through PubMed, Sage Journal, Science Direct, and Scopus portals published in the period 2016 to 2024. The keywords used: were "support group", "intimacy", and "cardiovascular disease" using Boolean "AND". In addition, a search was also carried out for textbooks in the years of publication 2016 to 2024, and articles from the website of the Indonesian Ministry of Health. The inclusion criteria were articles in Indonesian or English, the research subjects in the articles were cardiovascular disease patients aged over 18 years, and the full text was available so that 20 articles were collected. Data analysis used synthesis with a narrative method by grouping similar data extracted according to the measured results and research objectives.

RESULT

Tahun 2025

- A. Support group
 - 1. Definition of support group Support groups are groups of who individuals come provide together to emotional share support, health information, and exchange experiences about certain medical conditions or challenges, can be organized and led by professionals or colleagues and can be conducted in person, online, via teleconference. or (Delisle et al., 2016; Tim Pokja SIKI DPP PPNI, 2018b).

2. Benefits of support groups The benefits of support groups are as follows. (Delisle et al., 2016):

a. Emotional support: support groups provide a safe and comfortable environment so that heart failure patients feel comfortable sharing their feelings, fears, and frustrations.

- b. Practical support: support groups often exchange information and practical advice about managing medical conditions such as coping strategies, treatment options, and available resources.
- c. Learning and education: support groups may include structured educational activities that provide participants with information about their illness, treatment options, and self-management techniques.
- d. Reducing stigma: joining a support group can reduce the stigma of patients' disability due to their medical condition, which is done by discussing their experiences openly without fear, misunderstanding, and discrimination.
- Increased hope and e. sharing motivation: success stories and strategies to successfully overcome their illnesses can instill participants' sense of hope and motivation.
- f. Sense of community: support groups can create a support network and provide a sense of "camaraderie", and cohesiveness based on trust and deep friendship.

3. Form a support group

Support groups can take various forms depending on the needs and preferences of the participants. (Corrigan et al., 2022; Delisle et al., 2016). Several forms of support groups can be described below: a. In face-to-face (offline) support groups known as traditional support groups, participants meet in person at locations such as community centers, hospitals, or clinics, providing an opportunity for individuals to connect with other people who are through going similar experiences.

Tahun 2025

- b. Online support groups: these support groups occur in virtual spaces such as online forums, chat rooms, or social media platforms. Online support groups offer a convenient and accessible wav for individuals to connect and share their experiences, thoughts, and concerns without having to meet physically.
- c. Support groups are peerled: known as peer support, patients with similar conditions or experiences take on the role of facilitator.
- d. Professionally led support groups: these support groups are facilitated by healthcare professionals. Health education delivered by healthcare professionals encourages patient self-care behaviors (Ebrahimi et al., 2021), and nurse-led heart failure self-care education has a significant impact on clinical outcomes such as re-hospitalization and mortality. Facilitator expertise is needed in training programs for patients with medical illnesses. (Clayton et al., 2019).
- e. Combination support

group: a support group that combines several trained professionals or facilitators who have expertise in a particular medical condition with meetings held both faceto-face and online.

4. Support group activities

Support group activities for patients with cardiovascular disorders involving:

- a. Sharing experiences An important activity in a support group is sharing experiences in dealing with difficult times during the disease. The results of qualitative previous showed research that sharing experiences on how to deal with heart disease with a peer group is an intervention desired by with patients cardiovascular disease and their partners. Sharing experiences is seen as part of the healing process which can help normalize feelings and provide opportunities to learn from other people's experiences and successes. (Tulloch et al., 2020).
- b. Strengthening coping and motivation Support group activities must be able to strengthen members' coping in dealing with their illness, facing significant life changes even throughout their lives, and motivating each other to undergo therapy programs. The results of previous research stated that life's simple interventions carried out safely and

effectively in peer groups were proven to reduce the risk of cardiovascular disease for African American men and showed the potential to increase motivation. (Lee et al., 2022).

c. Health Education

Tahun 2025

> The support group provides health education activities as а main activity in which patients are expected to receive appropriate information about self-care management of their illness. (de Melo Vellozo Pereira Tinoco et al., 2021).

- d. Building communities and gateways to formal services
 - The formation of a support group is an effort to build a community with the same disease background and feel safe to share. Professionals describe support groups as a gateway to formal services (Gosling et al., 2021).
- e. Empowering patients to manage their care. Social support can increase positive self-care behavior, and the ability to cope with health problems, reducing depression,

hospitalization,

and death, and improving patients' quality of life of patients. (Clayton et al., 2019). Patients who receive adequate social support psychologically can adapt to their illness better and have better outcomes (Karataş & Bostanoğlu, 2017). Based on the above description of a support group, it can be underlined an effective that and successful support group is dependent only not on building a close relationship among individual members but also on the cultivation and growth of a trusting and feeling the same line of life among members. Therefore, grow such feelings, to intimacy is a crucial concept to bring the support group forward to produce benefits for the members.

B. Intimacy in the support group1. Definition of intimacy

- Intimacy is etymologically described as engagement or closeness as а close friendship, in which 1) feels goodwill towards each other, namely wishing each other well, 2) mutual attention to commitments that have been established, 3) the cause of pleasure, utility, or benevolence of a group. (Antonytheva et al., 2021).
- 2. How to build intimacy in a support group Intimacy or closeness in a support group will be created

if the following elements exist:

- a. Trust Patients' trust in support groups causes patients to feel comfortable sharing with other members or health workers and can be active in every activity. (Constant et al., 2016).
- b. Understand and share Understanding is a form of positive attitude or feeling that patients have towards peers' sufferers of CVD.

The courage to share thoughts, feelings, and experiences increases the closeness/intimacy that arises through coming together to learn about each other. (Constant et al., 2016).

c. Commitment

Commitment to obtain benefits from the support group and provide benefits to the support group is a continued process after creating a sense of mutual trust. mutual understanding, and sharing. (Constant et al., 2016). The commitment of members group will increase the potential for group support to survive and sustain.

d. Empathy

Empathy is the ability to feel the experiences of others and recognize and experience the emotions, thoughts, and attitudes of other people without having to talk about them. (Constant et al., 2016).

e. Softness

A climate of closeness in a group can be achieved

DISCUSSION

The CVD support group is a collection of CVD patients who aim to exchange experiences about their conditions. and self-care experiences, and provide emotional support, and health information carried out offline or online, either independently or organized by professionals. Patients who join the support group feel the same fate, and feel the need to participate in every activity, meeting fellow patients with the same disease reduces feelings of isolation and

through a soft tone of voice and body language, for example giving reinforcement by patting the shoulder or holding the intimacy hand. The component is often difficult for male patients because men are seen as rational-minded, actionoriented people, so men will feel like they are not being men when carrying this component. out (Constant et al., 2016).

Referring to those elements of intimacy, this can be concluded as a situation in which everybody has the same perception of the relationship with others. A climate in which everybody has a close friendship with and a familiar others and affectionate relationship with others in a group. This also is an interpersonal state in that each personal space can be entered by any other without party causing discomfort to the person. Further, to enter the space, one needs to have detailed knowledge and а deep understanding of each other.

gives them the feeling that they are normal people. (Delisle et al., 2016). The similarity between members of the support group becomes a physical and psychological strength that increases compliance with selfcare management.

CVD patients often feel stigmatized as patients with serious illnesses and have no hope for life. Joining a support group will change the stigma that CVD patients are helpless patients and instill hope about the future from inspiring stories from fellow support group members. (Delisle et al., 2016). Peer support groups use interpersonal

Tahun 2025



factors to increase motivation through support and encouragement between members, peer pressure, competitiveness, and a sense of responsibility. (Erwin et al., 2018). Support groups also provide benefits in increasing patient knowledge, patients can learn from each other's experiences and gain valuable insights into managing their disease. (Delisle et al., 2016). The success of other patients in managing their condition can inspire other patients to take an active role in their care maintain a positive outlook, and help reduce feelings of loneliness.

Support groups are also beneficial for hospitals, namely to improve continuity of care services, reduce the possibility of readmissions. and increase post-treatment satisfaction with hospital services, patients feel satisfied with complete information about their illness and the recommended rehabilitation program. Support groups also provide many benefits for the patient government, CVD with compliance self-care will improve their quality of life and reduce the burden on the state health service budget due to readmissions.

Member needs, resource and availability, organizational policies are important elements in CVD patient support groups. Some support group members feel that face-to-face interactions allow them to meet many friends with the same fate, and the meeting becomes a for recreation place or entertainment. A previous RCT study to measure quality of life and selfcare behavior was conducted on 70 mvocardial infarction patients Patients treated in the ICCU. received two training sessions by previously trained peer support and were carried out face-to-face for one hour. The average quality of life in the intervention group increased significantly from 130.09 to 156.13 with a p-value of 0.000 (Delisle et al., 2016). Peer groups must develop effective face-to-face meetings with people to consider each other's similarities which include trust and honesty with each other. (Erwin et al., 2018).

CVD patients with high activity to participate in offline activities can use online media such as the WhatsApp group platform. Previous research on the effect of support groups with the WhatsApp chat method on 25 intervention groups of heart failure patients showed that support groups with the WhatsApp chat method were effective in increasing respondents' knowledge (p = 0.000) (Fauziansyah et al., 2024). The WhatsApp chat method is more appropriate for CVD patients with high activity because, in terms of time and place, it is more flexible, and can be accessed anytime and anywhere. Other online methods can be via telephone, previous research with an RCT research design on 185 men after Coronary Artery Bypass Graft (CABG) and peer support surgery, interventions were carried out via telephone from fellow patients who were willing to join in peer support. (Kyaw Tha Tun et al., 2021). Support groups that use online methods provide space for patients who are busy or constrained by distance to participate in offline activities.

Another form of support group is a peer group for CVD patients, which is a group of CVD patients who provide а safe environment for mutual support. information sharing, and experience sharing, led by a trained facilitator from among their members. The communication skills of the facilitator are key to the success of peer support. Another form of support group is a support group that is formally managed and led by professionals. This support group consists of facilitators and educators who are health workers, and the members of the support group are CVD patients. The facilitator plays an important role in guiding discussions, maintaining a supportive environment, and overcoming any challenges that may arise. (Corrigan et al., 2022; Delisle et al., 2016). The educator provides direction and health education to its members. This type of support group is very suitable for chronic patients who compliance require patient in undergoing therapy, and it is even more ideal if this type of support group is combined with an online forum, either a WhatsApp group or a telephone.

Tahun 2025

Support group activities are sharing life experiences, providing emotional support, supporting medication adherence, and providing disease information. Professionals describe support groups as a gateway to formal services. Support group activities according to the Nursing Intervention Classification (NIC) issued by PPNI in 2018 are as follows.

- 1. Determining the level and suitability of the current patient support system to help patients in the transition stage adjust to their new lifestyle. The optimal group size is 5 to 12 members.
- 2. Creating a relaxed atmosphere, identifying the responsibilities of members and leaders, determining group goals, and preparing a place for online or offline meetings, chairs are arranged in a circle and close together.
- 3. Agreeing on the issue of attendance at support group activities, participants are expected to be present on time and can follow the program until the end.

- 4. Providing adequate space and time for group meetings, Designing limited sessions per schedule, for example for 1 to 2 hours per session with 6 to 12 sessions for discussion of the results of the expert group's work.
- 5. Monitoring and directing the active involvement of group members, encouraging their expression, and sharing of knowledge experiences, and helping each member, supporting appropriate information referrals from professionals. Providing positive reinforcement for the activeness of support group members in group discussions, behavioral changes, and positive coping adaptations.
- 6. Assisting the progress of the support group by providing stages of group development. The needs of group members must be considered, and if necessary patients are facilitated to consult with other specialists.

Support group activities can be successful according to plan, greatly influenced by the climate of intimacy formed in the support group itself. A support group climate that ensures a sense of security for its members so that they trust each other to be open in sharing information, feelings, and thoughts, without fear that openness to their life experiences will not cause them to be blamed or cornered is the initial capital for the success of the support group's sustainability. The trust of support group members develops over time, when the closeness in the support group becomes closer, the greater the potential for support group activities carried out to be routinely. Professional intimacy is а therapeutic relationship between nurses and patients that fosters self-disclosure, closeness,



reciprocity, and trust physically, psychologically, and spiritually, professional intimacy affects satisfaction with nursing services and the achievement of optimal patient outcomes. (Antonytheva et al., 2021). Patients expect understanding from others about their condition, by being involved in support group activities the need to be understood can be met, patients are free to share feelings of worry, fear, and threat, and tips for reducing symptoms that arise will increase their enjoyment in participating in a series of support group activities.

The urgency of support groups for cardiovascular disease

CVD patients are required to adapt to lifestyle changes throughout their lives. CVD patient support groups are one form of continuity of care after patients undergo further treatment at the heart polyclinic, which is useful for maintaining patient compliance in carrying out their self-care. Patients to get education from need professional health workers and share information or experiences with fellow patients so that patients feel protected from loneliness and are enthusiastic about carrying out self-care management of heart disease properly so that they can reduce the occurrence of readmission and the burden on the state for CVD patient readmission decreases.

CONCLUSION

Support groups are one form of continuity of care for CVD patients that play a role in healing the disease and preventing more severe complications. Support groups will work more effectively and have a greater positive impact on their members if intimacy has been formed in the support group itself. Trust, understanding, commitment, and tenderness empathy, are important elements to build intimacy in a support group. Support that have established groups intimacy will increase the patient's ability to adapt to their disease and become a catalyst for behavioral change in CVD patients.

RECOMMENDATION

with CVD who Patients require adaptation to change their lifestyle, and are required to have high compliance with self-care management throughout life, need to be accommodated in support groups to get reinforcement in achieving a better quality of life so that readmission does not occur. Intimacy needs to be built in support groups so that support groups can work and provide optimal benefits for their members.

ACKNOWLEDGEMENT

We are pleased to thank the scholarship providers, particularly the Daftar Isian Pelaksanaan Anggaran (DIPA) Kementerian Kesehatan Republik Indonesia for the support of one of our investigators (AC) to join the doctoral program in nursing.

Conflict of Interest

All authors hereby declare that we don't have any conflict of interest.

REFERENCES

Tahun 2025

- Antonytheva, S., Oudshoorn, A., & Garnett, A. (2021). Professional intimacy in nursing practice: A concept analysis. *Nursing Forum*, 56(1), 151-159. https://doi.org/10.1111/NUF.1 2506
- BKPK Kementerian Kesehatan RI. (2023). Survey Kesehatan Indonesia (SKI). Kemenkes.
- Clayton, C., Motley, С., £t (2019). Sakakibara, Β. Enhancing Social Support People with Among Cardiovascular Disease: а Systematic Scoping Review. Current Cardiology Reports, 21(10), 1-14. https://doi.org/10.1007/S1188 6-019-1216-7/TABLES/2
- Constant, E., Vallet, F., Nandrino, J. L., & Christophe, V. (2016). Personal assessment of intimacy in relationships: Validity and measurement invariance across gender. *European Review of Applied Psychology*, *66*(3), 109-116.

https://doi.org/10.1016/J.ERA P.2016.04.008

- Corrigan, P. W., Talluri, S. S., & Shah, B. (2022). Formal Peer-Support Services That Address Priorities of People With Psychiatric Disabilities: A Systematic Review. American Psychologist, 77(9), 1104-1116. https://doi.org/10.1037/AMP0 001039
- de Melo Vellozo Pereira Tinoco, J., da Silva Figueiredo, L., Vanessa Peclat Flores, P., Lins Rocha de Padua, B., Tinoco Mesquita, E., & Carla Dantas Cavalcanti, A. (2021). Effectiveness of health education in the self-care and adherence of patients with heart failure: a meta-analysis. https://doi.org/10.1590/1518-8345.4281.3389

Delisle, V. C., Gumuchian, S. T., Kloda, L. A., Boruff, J., El-Baalbaki, G., Körner, Α.. Malcarne, V. L., & Thombs, B. D. (2016). Effect of support group facilitator peer training programmes on peer facilitator and support group member outcomes: a systematic review. Open, 13325. 6, https://doi.org/10.1136/bmjo pen-2016

Ebrahimi, H., Abbasi, A., Bagheri, Basirinezhad, M. Η., Η., Shakeri. S., ß Mohammadpourhodki, R. (2021). The role of peer support education model on the quality of life and self-care behaviors of patients with myocardial infarction. Patient Education and Counseling, 104(1), 130-135.

https://doi.org/10.1016/J.PEC .2020.08.002

- Erwin, C. M., McEvoy, C. T., Moore, S. E., Prior, L., Lawton, J., Kee, F., Cupples, M. E., Young, I. S., Appleton, K., McKinley, M. C., & Woodside, J. V. (2018). A qualitative analysis exploring preferred methods of peer support to encourage adherence to a Mediterranean diet in a Northern European population at high risk of cardiovascular disease. BMC Public Health, 18(1), 1-13. https://doi.org/10.1186/S1288 9-018-5078-5/TABLES/4
- Fauziansyah, A., Utami, Y. W., Hany, A., Arifin, M. F., & Faqih, Moh. U. (2024). Support Group WhatsApp Chat Method on Knowledge of Heart Failure Patients at RSUD dr. R. Koesma Tuban. Journal of Nursing Science Update (JNSU), 12(1), 9-17.

https://doi.org/10.21776/UB.J IK.2024.012.01.02 Gosling, R., Parry, S., & Stamou, V. (2021). Community support groups for men living with depression: barriers and facilitators in access and engagement with services. https://doi.org/10.1080/01621 424.2021.1984361

Tahun 2025

- Kemenkes RI. (2022). Penyakit Jantung. Kemenkes. https://ayosehat.kemkes.go.id /topik-penyakit/penyakitkardiovaskular/penyakitjantung
- Kyaw Tha Tun, E., J., Nagel, Α., Bock. Bosbach. S.. Kielblock, Β., Siegmund-Schultze, E., & Herrmann-Lingen, C. (2021). Telephonebased peer support intervention to reduce depressive symptoms in women with coronary heart disease. randomized а controlled trial in Germany. Women & Health, 61(7), 619-632.

https://doi.org/10.1080/03630 242.2021.1953208

- Lee, S., Niakosari Hadidi, Ν., Lindgren, B. R., Kelley, R., & Lindquist, R. (2022). Peer Group Support Intervention to Reduce Cardiovascular Disease Risk for African American Men According to Life's Simple 7 in Faith-Based Communities. Research and Theory for Nursing Practice, 280. 36(3), https://doi.org/10.1891/RTNP-2021-0111
- Lindstrom M, DeCleene N, Dorsey, Fuster V, Jhohnson CO, & LeGrand KE. (2022). Summary of Global Burden of Disease Study Methods. Journal of the American College of Cardiology, 80(25), 2372-2425. https://doi.org/10.1016/j.jacc .2022.11.001
- Moran, A. E., & Goldman, L. (2024). Predicting the Future Prevalence of Cardiovascular

Disease: The Good, the Bad, the Known, and the Unknown. In *Circulation* (Vol. 150, Issue 4, pp. 253-254). Lippincott Williams and Wilkins. https://doi.org/10.1161/CIRCU LATIONAHA.124.070265

Roth, G. A., Abate, D., Abate, K. H., Abay, S. M., Abbafati, C., Abbasi, N., Abbastabar, H., Abd-Allah, F., Abdela, J., Abdelalim, Abdollahpour, Α., ١., Abdulkader, R. S., Abebe, H. T., Abebe, M., Abebe, Z., Abejie, A. N., Abera, S. F., Abil, O. Z., Abraha, H. N., ... Murray, C. J. L. (2018). Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories. 1980-2017: а systematic analysis for the Global Burden of Disease Study 2017. The Lancet, 392(10159), 1736-1788. https://doi.org/10.1016/S0140

-6736(18)32203-7

- Tim Pokja SIKI DPP PPNI. (2018a). Standar Diagnosis Keperawatan Indonesia (1st ed.). Dewan Pengurus Pusat Persatuan Perawat Nasional Indonesia (DPP PPNI).
- Tim Pokja SIKI DPP PPNI. (2018b). Standar Diagnosis Keperawatan Indonesia: Vol. II (1st ed.). Dewan Pengurus Pusat Persatuan Perawat Nasional Indonesia (DPP PPNI).
 - Tulloch, H., Bouchard, Κ., Clyde, M. J., Madrazo, L., Demidenko, N., Johnson, S., & Greenman, P. (2020). Learning a new way of living together: а qualitative studv exploring the relationship changes and intervention needs of patients with cardiovascular disease and their partners.



https://doi.org/10.1136/b mjopen-2019-032948