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Family Readiness for Home Care in Endophthalmitis Patients with A Family-Centered Care Approach at Cicendo Eye Hospital

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ABSTRACT
Introduction: A serious intraocular infection called endophthalmitis can cause permanent blindness and severe vision impairment. Family preparedness as the primary caregiver is essential to successful home care because this disease necessitates sophisticated continuous care following hospital release. The purpose of this study was to investigate family preparedness for endophthalmitis patients' post-hospital care.
Methods: Study design is a qualitative descriptive with a case study approach. Participants consisted of six families of endophthalmitis patients in the inpatient ward of Cicendo Eye Hospital, selected through purposive sampling. Data were collected through in-depth semi-structured interviews and analyzed using verbatim transcription, data reduction, coding, categorization, and theme development until data saturation was achieved.
Results: The study identified four main themes: family knowledge and skills in patient care, family perceptions and emotional readiness in facing discharge, support from healthcare providers and resources in discharge planning, and barriers and challenges in providing home care. Family readiness was influenced by health literacy, prior caregiving experience, healthcare support, and caregiver burden.
Conclusion: Family readiness is a dynamic process influenced by cognitive, emotional, and healthcare system factors. Family centered care approach plays a key role in strengthening family readiness through active involvement, effective communication, and practice-based education during hospitalization.
Keywords: endophthalmitis, family readiness, discharge planning, family centered care, care transition

ABSTRAK
Pendahuluan: Infeksi intraokular yang berat, endophthalmitis, dapat menyebabkan penurunan tajam penglihatan hingga kebutaan permanen. Penelitian ini meneliti kesiapan keluarga dalam merawat pasien dengan endophthalmitis setelah mereka pulang dari rumah sakit, karena kondisi ini memerlukan perawatan lanjutan yang kompleks.
Metode: Desain penelitian adalah deskriptif kualitatif dengan pendekatan studi kasus. Partisipan terdiri dari enam keluarga pasien endophthalmitis di ruang rawat inap RS Mata Cicendo yang dipilih melalui *purposive sampling*. Pengumpulan data dilakukan melalui wawancara mendalam semi-terstruktur, kemudian dianalisis melalui proses transkripsi verbatim, reduksi data, koding, kategorisasi, dan penentuan tema hingga mencapai saturasi data.
Hasil: Empat tema utama memengaruhi kesiapan keluarga: pengetahuan dan keterampilan keluarga tentang perawatan pasien; persepsi dan kesiapan emosional keluarga terhadap kepulangan pasien; dukungan dan sumber daya yang diperlukan untuk *discharge planning*; dan hambatan dan kesulitan dalam perawatan di rumah. Literasi kesehatan, pengalaman perawatan sebelumnya, dukungan tenaga kesehatan, dan tanggung jawab *caregiver* memengaruhi kesiapan keluarga.
Kesimpulan: Kesiapan keluarga merupakan proses dinamis yang dipengaruhi oleh aspek kognitif, emosional, dan dukungan sistem pelayanan kesehatan. Pendekatan *Family centered care* berperan penting dalam memperkuat kesiapan keluarga melalui keterlibatan aktif, komunikasi efektif, dan edukasi berbasis praktik selama masa rawat inap.
Kata kunci: *endophthalmitis*, kesiapan keluarga, *discharge planning, family centered care*, transisi perawatan

INTRODUCTION

Endophthalmitis is a serious eye complication that can occur after intraocular surgery or as a result of an underlying infection. This condition has the potential to cause permanent blindness and significantly impact the patient's visual acuity.[1] Decreased visual function not only impacts the physical aspect but also affects the individual's psychological and social well-being, as well as their independence in carrying out daily activities.[2] Individuals who experience a sudden change from normal vision to visual impairment require an adaptation process to adjust to this significant life change.[3] Furthermore, post-operative infections in ophthalmological procedures can significantly increase hospital stays and treatment costs, adding to the economic burden on the healthcare system.[4]

Endophthalmitis treatment involves not only medical management in the hospital but also includes continued care at home, involving the family as the primary caregiver. The family plays a crucial role in the patient's discharge process, including managing medications, assisting with mobilization, and providing psychological support. In the nursing context, the success of a patient's adaptation to a new condition is greatly influenced by readiness for discharge. This concept reflects the physical readiness, knowledge, psychological condition, and social support of patients and families in continuing care at home.[5] Research shows that good discharge readiness can reduce the risk of rehospitalization and increase patient confidence in self-care. Conversely, low readiness can increase anxiety and hinder the patient's recovery process.[6]

Data from Cicendo Eye Hospital in 2024 showed 158 cases of endophthalmitis, with an increasing trend in the second half of the year. This indicates that endophthalmitis remains a significant clinical problem, particularly at national ophthalmology referral hospitals. Globally, the incidence of post-intraocular surgery endophthalmitis is reported to be 0.09%, which, while relatively low, has a serious impact on patients' quality of life.[7]

A lack of understanding among patients and families about endophthalmitis can lead to errors in home care, such as inappropriate medication use, poor hygiene, and delays in seeking medical attention. These conditions potentially increase the risk of recurrence and more severe complications. Research shows that recurrences of endophthalmitis can occur over a long period of time and often occur in the same eye, necessitating optimal long-term monitoring.[8]

Family Centered Care (FCC) approach positions families as active partners in the healthcare process. This approach has been shown to improve treatment adherence, family satisfaction, and patient outcomes.[9] The core principles of FCC include effective communication, collaboration between healthcare professionals and families, and respect for the family's role in decision making.[10] However, most research on endophthalmitis still focuses on medical and technical aspects, while studies on family readiness to care for patients at home are still limited.[11]

Based on this description, there is a research gap regarding psychosocial aspects and family readiness in caring for patients with endophthalmitis after hospital discharge. Therefore, this study aims to explore and understand family readiness in caring for patients with endophthalmitis at home using a family centered approach.

METHODS

This study employed a descriptive qualitative approach with a case study design, based on data collected from patients' families. Meanings associated with family readiness for home-based care in endophthalmitis were explored using this

approach.[12,13] Data were collected through in-depth semi-structured interviews to explore participants' experiences and perspectives.[14] Researchers conducted interviews with families to understand their perspectives on the responsibilities and challenges of caring for patients with visual impairment at home. Participants were given the opportunity to express their experiences freely based on guided questions. The interview guide was developed through a review of relevant literature and consultation with experts. Participants were selected based on specific inclusion criteria.[15] The sample size was determined using the Morse approach for case study research, namely six respondents.[16] The respondents consisted of six participants who met the research inclusion criteria, namely being the families of patients diagnosed with Endophthalmitis and had been treated for at least 24 hours at Cicendo Eye Hospital, the patient was also decreased vision to <3/60 in one or both eyes, the patient's family members are responsible and involved in caring for the patient, and the family members are adults (>18 years).

Data collection was carried out after the family agreed to the time and place contract and signed it. Informed consent on the sheet provided. The data collection process involved in-depth interviews, namely face-to-face interviews with the patient's family. The interviews were semi-structured, where the researcher asked questions based on a prepared interview guide, but the questions could be developed according to the respondents' responses to adjust or refine the questions in subsequent interviews. All conversations were recorded using an audio recorders on each researcher's cellphone. To complete the supporting data (education level, address, medical characteristics), data collection was carried out via EMR (Electronic Medical Record). Data were analyzed using thematic analysis, beginning with verbatim transcription, followed by data reduction, coding, categorization, and theme development. Next, data reduction is performed, which involves organizing, simplifying, and reducing complex data to relevant components. Coding and classification involve classifying sentences or phrases into themes based on their similarities. Analysis then continues by searching for broader and deeper themes within each key statement that reflect the participants' experiences.[17] Once data saturation is reached during the analysis phase, data collection is discontinued.[18]

RESULT

The results of this study were obtained from in-depth interviews with six participants who were family members of patients diagnosed with endophthalmitis. Demographic characteristics showed that the majority of participants were female, five (83.3%), while only one (16.7%) was male. Based on educational level, participants had diverse educational backgrounds, namely high school and junior high school graduates (two each) (33.3%), one elementary school graduate (16.7%), and one person with no formal education (16.7%). In terms of occupation, most participants were housewives (four participants) (66.7%), while the rest worked as entrepreneurs and laborers (one each) (16.7%). Participants came from various regions, namely Bandung, Subang, Sukabumi, Garut, and Indramayu, with the majority coming from Indramayu (two participants) (33.3%). Based on patient medical characteristics, most patients underwent surgery or invasive procedures (five participants) (83.3%), while one (16.7%) did not undergo surgery.

Based on the results of data analysis, four main themes were obtained that describe family readiness in caring for patients with endophthalmitis at home, namely family knowledge and skills,

perception and emotional readiness, support received, and obstacles and challenges in care.

The first theme relates to families' knowledge and skills in patient care. Most families demonstrated limited understanding of endophthalmitis, particularly regarding post-operative care, follow-up schedules, and the risk of worsening. This was evident in families' experiences of delayed follow-up visits, a lack of understanding of restrictions on certain activities, and errors in maintaining the patient's eye condition. Nevertheless, families continued to strive to understand the patient's condition through direct experiences during treatment.

On the other hand, the family demonstrated active involvement in the patient's care process. They directly performed actions such as administering eye drops as scheduled, maintaining eye hygiene, and following therapy instructions given by healthcare professionals. The patient's initial experiences with the illness were also crucial in shaping the family's understanding, ranging from eye trauma, the onset of mild symptoms that were initially ignored, to initial treatment efforts before being referred to the hospital.

Some participants had repeated care experiences, including multiple surgeries, providing them with more extensive experience in patient care. This experience gradually shaped the families' basic knowledge, although it was not yet fully realized, leading to optimal confidence. In general, families reported being able to perform basic care procedures such as washing their hands before procedures, cleaning the eye area, and administering medications according to the prescribed schedule.

The second theme describes the family perceptions, experiences, and emotional preparedness for the patient's return. Families view themselves as part of the care team, playing a vital role in the patient's healing process. This demonstrates the family's active involvement in supporting the patient's care, both during the hospital stay and after discharge.

Most participants had positive perceptions of healthcare services, particularly regarding the attitudes of nurses and doctors, who were considered to be good in providing care. However, there were also experiences where families felt they didn't have sufficient opportunity to ask questions, which limited their understanding of the information provided.

Family emotional readiness varies considerably. Some families demonstrate a high level of readiness to care for a patient, primarily due to strong emotional ties, such as caring for a close family member. However, others demonstrate partial readiness, with feelings of doubt, anxiety, and uncertainty about providing care at home.

The third theme relates to the support families receive during the care process. Emotional support from healthcare professionals was perceived as quite good, with families feeling respected and listened to throughout the care process. Furthermore, families received informational support regarding patient care, although some participants expressed that the information provided was sometimes inconsistent and confusing.

Instrumental support received includes the provision of medication, hospital facilities, and advice on adjusting the home environment. However, most families have not made specific preparations at home to support patient care after discharge. Furthermore, social support is also a crucial factor, with families receiving assistance from other family members, relatives, neighbors, and even friends who have access to healthcare services.

The fourth theme describes the various obstacles and challenges families

experience in caring for patients. Internal barriers include concerns about providing care, particularly regarding timely medication administration, hygiene procedures, and time constraints resulting from their dual roles as caregivers and workers. The most prominent external barrier is financial constraints, which force families to adjust their spending to meet patient care needs.

Furthermore, there are barriers to the service system, including the need for more practical and accessible educational resources, such as written guides or digital media, to help families understand home care procedures. From a patient perspective, the functional impact of visual impairment presents a particular challenge, as patients experience limitations in daily activities and an increased risk of injury, necessitating more intensive family support.

Overall, the results of the study indicate that family readiness in caring for patients with endophthalmitis at home is a complex process and is influenced by various interrelated factors, ranging from aspects of knowledge, experience, emotional conditions, available support, to obstacles encountered during the care process.

DISCUSSION

This study shows that family preparedness to care for endophthalmitis patients at home is a complex process involving various aspects, ranging from knowledge and skills to emotional readiness and support from the healthcare system.[19] The results revealed that families generally have a basic understanding of endophthalmitis as a serious eye infection requiring intensive care. This understanding is acquired during the hospitalization process through education from healthcare professionals and direct experience in assisting patients. In this case, families not only act as companions but also become the primary caregivers after the patient is discharged. Although families have a general understanding of the disease and treatment, there are limitations in technical aspects, particularly regarding administering eye drops and scheduling therapy. Families remain concerned about potential errors in treatment, such as inaccurate medication intervals. This indicates that families are not fully prepared in terms of practical skills. Varying educational levels also influence families' ability to understand medical instructions, while the predominantly verbal educational method without assessment of understanding further exacerbates this gap.

From a social perspective, the majority of caregivers are women, and most are housewives. This situation indicates a dominant role for women in caregiving, potentially creating a double burden of domestic, economic, and patient care responsibilities. It can lead to delays in treatment or inconsistencies in therapy. Therefore, family readiness is determined not only by knowledge but also by social capacity and the burden of their roles. This finding is consistent with previous studies showing that caregiver burden can affect the quality of care, emotional well-being, and caregiving performance.[20]

Despite this, the entire family was able to perform basic care measures such as administering eye drops, maintaining eye hygiene, and following the therapy schedule. This indicates that education during hospitalization provided a sufficient knowledge base. However, to achieve optimal preparedness, education needs to be developed to be more applicable and practice-based, so that the family not only understands but also has the ability and confidence to perform care independently at home.

In addition to skills, family emotional readiness is also a crucial factor in the adaptation process. Research shows that emotional readiness varies, ranging from

full readiness to partial readiness accompanied by anxiety, which can influence caregiving performance.[22] Families often experience ambivalence between feelings of relief at the patient's improving condition and concerns about the responsibility of home care. This anxiety can impact the family's ability to understand and apply the information provided, thus fostering a strong link between emotional and cognitive readiness.

Support from healthcare professionals plays a crucial role in improving discharge readiness and confidence in home care.[23] However, system deficiencies remain, such as the lack of standardized educational resources, the lack of formal skills evaluation, and the suboptimal integration of family centered care principles into service procedures.

Barriers faced by families in caring for endophthalmitis patients include internal and external factors. Internal factors include concerns about treatment errors and fatigue due to the double burden, while external factors include financial constraints, lack of system support, and suboptimal coordination of health services. Furthermore, patients' visual impairment increases dependence on family members, adding to the complexity of home care.

The application of family centered care principles in this study was evident through family involvement in the care process, open communication, and appreciation for the family's role. However, its implementation is still not optimal and requires strengthening through system standardization[22], provision of educational media, and improving the competence of healthcare workers in actively involving families.

CONCLUSION

Overall, this study demonstrates that family readiness to care for endophthalmitis patients is determined not only by the patient's clinical condition but also by multidimensional readiness encompassing knowledge, skills, emotional well-being, and system support. Therefore, addressing caregiver burden through structured education and support systems is essential to improve family readiness and care outcomes.

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