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Research Article

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The Effect of Education, Stress Management and Music Relaxation (Edumasremu) on Improving the Quality of Life in Congestive Heart Failure Patients

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Abstract

Background: *Quality of life is a complex, multi-dimensional concept and appears as a state of health, physical function, perceived health status, subjective health, perceptions of health, symptoms, satisfaction of needs, individual cognition, functional disability, mental disorders, well-being and can sometimes have more than one meaning at the same time.*

Method: *This research is experimental research by providing treatment to research variables and observing the effects of this treatment on the research object. This research design is an analytical interventional study design using a quasi-experimental method (Quasi Experiment) with a two group pre-posttest control design plan. Researchers used total sampling from a population of 30, all taken as research samples. Based on the sample, the respondents in this study were 30 Congestive Heart Failure patients divided into two groups. The intervention group consisted of 15 patients with Congestive Heart Failure and the control group consisted of 15 patients with Congestive Heart Failure. The sampling technique used in this research is total sampling technique.*

Results: *The results of this study showed that the quality of life of patients with congestive heart failure in the intervention and control groups before being given EduMaSReMu in the intervention group and therapy according to the program in the control group showed that the clients' quality of life was poor. Meanwhile, after being given the EduMaSReMu intervention in the intervention group with a significance p-value of 0.003 (<0.05) and therapy according to the program in the control group with a significance value of 0.001 (<0.05), there was an increase in the client's quality of life.*

Conclusion: *Research results show that there is an influence of EduMaSReMu on the quality of life in patients with congestive heart failure (CHF).*

Keywords: Congestive Heart Failure, Quality of Life, EduMaSReMu.

Background

Quality of life has become a major issue in many countries today, including Timor-Leste. Timor-Leste is a developing country with a sustainable development agenda, which is meant by an increasingly popular concept that aims to produce comprehensive prosperity in the long term through the wise use and

management of natural and economic resources, and through respect for humans and other living creatures. This welfare refers to the welfare of members of society, and welfare itself can be measured through the quality of life index. Quality of life is the level of well-being felt by an individual or group of people. Quality of life is a complex, multi-dimensional concept and appears as a state of health, physical function, perceived health status, subjective health, perception of health, symptoms, need satisfaction, individual cognition, functional disability, mental disorders, well-being and can sometimes have more than one meaning at the same time [1, 2].

Self-care education significantly increases self-care independence in daily activities, reduces stress and ultimately reduces the risk of disability in patients with heart failure. According to the way to prevent and improve positive health outcomes in patients with heart failure is to ensure that these patients have adequate knowledge and ability for self-care [3-5]. Inadequate knowledge of patients and families is an important risk factor in hospital and home care. Based on a preliminary survey conducted by researchers at Langsa Regional Hospital, data was obtained regarding heart failure patients in 2014 totaling 970 people. Furthermore, through interviews with patients who visited the heart clinic and were undergoing treatment at home, the patients said they had been given information by both nurses and doctors about the actions that should be taken when undergoing follow-up treatment at home, but they said they still often experienced complaints related to their disease such as feeling tired quickly, often short of breath, unable to carry out excessive activities and swelling in the legs. This physical condition causes problems with limitations in carrying out daily activities. If patients experience complaints regarding signs and symptoms of disease, they immediately seek help from the hospital for treatment and treatment [6].

Stress Management is a skill that enables a person to anticipate, prevent, manage and recover from stress felt due to threats and incompetence in the coding carried out. According to the results of research conducted by Sari and Individuals who have good stress management will have a good quality of life, and individuals who have poor stress management will have an impact on decreasing quality of life [7, 8].

Relaxation music has been shown to be an efficient treatment for medical treatment anxiety (p-value = 0.017). Melodic intercession has demonstrated its alternative therapeutic value for depression, despite limited existing investigations. Music arrangements can increase the personal satisfaction of hemodialysis patients who experience depression. Improvements demonstrated by other studies and scores of hopelessness and tension in patients who received music intervention [9, 10].

One of the non-communicable diseases that ranks as the top cause of death every year is cardiovascular disease. Heart failure is a cardiovascular condition that is increasingly common [11]. In industrialized and developing countries, including Timor-Leste, heart failure is a progressive medical condition with significant mortality and morbidity rates [12].

An unhealthy lifestyle and lack of ability to care for yourself are two factors that can increase the risk of heart failure. Therefore, with this worrying problem, it is necessary to study the therapy used to overcome it in order to improve the patient's quality of life, which includes physical and psychological well-being [13].

The frequency of congestive cardiovascular disorders according to the World Health Information Trade in 2020 is 64.34 million cases of congestive heart failure and 8.52 people diagnosed with heart failure for every 1,000 people/day worldwide. Heart failure is associated with many deaths and contributes to more money spent on health care internationally especially in elderly patients. Heart failure ranks second in the number of deaths according to the Global Burden of Disease (GBD) in 2019 [14].

Congestive heart failure, among other disorders of the cardiovascular system, remains a major health problem. The Centers for Disease Control and Prevention estimates that about 5.7 million adults in the United States suffer from heart failure, and half of those patients will die within five years. Additionally, the American Heart Association (AHA) estimates that between 2012 and 2030, the prevalence of heart failure will increase by 46%, affecting more than 8 million people under the age of 18. About 17.9 million people died from cardiovascular disease in 2016, representing 31% of all deaths on the planet. This death rate, 85% is caused by cardiovascular failure and stroke [15]. In 2020, according to Global Health Data Exchange (GHDE) data, there were 64.34 million cases of congestive heart failure worldwide, with 9.91 million deaths [16].

According to a World Health Organization (WHO) report published in 2020, deaths from coronary heart disease reached 814, or 11.55%, with a mortality rate of 126.58 per 100,000 people. With this data, Timor-Leste ranks 69th globally. Meanwhile, the Eduardo Ximenes Regional Hospital (HoREX) in Baucau alone, from 2023 to 2025, saw 159 patients suffering from heart disease, consisting of 92 men and 67 women [17].

Patients with congestive heart failure are known to be at risk of death from a number of conditions. People with congestive heart failure are known to be more likely to die than those younger than 18 years old who suffer from the disease. This is consistent with the declining quality of life of congestive heart failure patients with age. According to research, female congestive heart failure patients have a lower risk of death than male congestive heart failure patients. However, other research suggests that female patients with congestive heart failure actually have a worse prognosis [18].

In relation to research conducted by Philbin and DiSalvo in 2004, it was shown that factors that can influence the increase in the incidence of heart failure are an unhealthy lifestyle and self-care skills [19]. People with heart failure face challenges in performing daily tasks, which makes them particularly vulnerable to feelings of depression, stress, and anxiety, as well as difficulty managing their emotions. Furthermore, these patients often worry about the costs associated with treatment, the outlook for their condition, and the length of recovery, which can lead to a decline in their quality of life [20].

People with heart failure may be unable to perform the things they need to do every day, making them more likely to suffer from depression, anxiety, and stress, as well as difficulty manag-

ing their emotions. Furthermore, patients also consider the cost of treatment, prognosis, and length of recovery, all of which can decrease their quality of life. Age, gender, occupation, education, New York Heart Association (NYHA) designation, severity of heart failure, risk of death, and mental health all impact measures of quality of life. Side effects caused by cardiovascular disorders include both tangible side effects (such as dyspnea, fatigue, edema, loss of appetite) and mental side effects (such as nervousness and moodiness) that can affect personal satisfaction [21-24].

Research Methods

This research is an experimental research by providing treatment to research variables and observing the effects of this treatment on the research objects [25]. This research design is an analytical interventional study design using a quasi-experimental method (Quasi Experiment) with a two-group pre-post test control design plan [26].

In this study, researchers used a group of research subjects from a certain population and then randomly grouped them into two groups, namely the experimental or treatment group and the control group. The treatment group was given the EduMaSReMu intervention (Education, Stress Management and Music Relaxation) and the control group was only given pre-existing medication. This study was conducted at the Eduardo Ximenes Regional Hospital (HoREX) Baucau Timor-Leste for two (2) months starting on April 7, 2025 until June 6, 2025 and three-day visits were conducted for each respondent. Researchers used a total sampling of 30 people from the population taken as research samples [27]. Based on the sample of respondents in this study, 30 patients with Congestive Heart Failure were divided into two groups. The intervention group consisted of 15 patients with Congestive Heart Failure and the control group consisted of 15 patients with Congestive Heart Failure. The sampling technique used in this study was the total sampling technique. Researchers had samples in both the intervention and control groups based on criteria adjusted by the researcher. Inclusion criteria: respondents aged 20-60 years, respondents who communicate well, can read, regularly visit the Hospital and are willing to be respondents. Exclusion criteria: respondents aged <20 and >60, respondents who did not complete all stages of the study, respondents who did not want to continue the study.

Research Result

Univariate

Client Characteristics

Data on the frequency characteristics of respondents in the intervention group and the control group illustrates; Gender, Age, Education, Occupation, and Length of Treatment for Congestive Heart Failure Patients, which can be seen in table 4.1 as follows:

Table 1: Respondent characteristics: gender, age, education, occupation and length of treatment for patients with Congestive Heart Failure (CHF) (n=30)

Respondent characteristics	Group				p-value
	Intervention		Control		
Gender	**n**	**%**	**n**	**%**	
Male	3	27,3	8	72,7	
Female	12	63,2	7	36,8	0,058
Total	15	50,0	15	50,0	
Age					
20-40	11	57,9	8	42,1	
41-60	4	36,4	7	63,6	0,256
Total	15	50,0	15	50,0	
Education					
Illitirate	0	0,0	2	100	
Elementary School	0	0,0	2	100	
Junior High School	1	100	0	0,0	0,091
Senior High School	7	77,8	2	22,2	
University	7	43,8	9	56,3	
Total	15	50,0	15	50,0	
Job					
Employment	10	55,6	8	44,4	0,456
Unemployment	5	41,7	7	58,3	
Total	15	50,0	15	15,0	
Length of treatment					
<2	2	66,7	1	33,3	0,183
2-5	9	64,3	5	35,7	
>5	4	30,8	9	69,2	
Total		50,0	15	50,0	

Based on table 4.1 the results of the chi-square homogeneity statistical test, it is known that the majority of research data is homogeneous. This can be seen in the gender of the majority of female clients in the intervention group with 63.2% and male 72.7% in the control group with a p-value obtained greater than (>0.05) namely the gender p-value of 0.058. Then the majority of client ages are 20-40 with 57.9% in the intervention group and 41-60 with 42.1% in the control group with a p-value obtained greater than (>0.05) namely 0.256, and the majority of client education with college education 43.8% in the intervention group and 56.3% in the control group with a p-value of 0.091, then the majority of client employment status is working with 55.6% in

the intervention group and 44.4% in the control group with a p-value obtained greater than (>0.05) namely the employment p-value of 0.456. Therefore, the five data were concluded to be homogeneous. And the majority of clients with a length of treatment for congestive heart failure were between 2-5 years with 64.3% in the intervention group and or more than 5 years with 69.2% in the control group with a p-value obtained greater than (>0.05) namely the p-value of length of treatment was 0.183.

Quality of Life in Congestive Heart Failure Patients Before and After Treatment

Descriptive analysis of the quality of life of Congestive Heart Failure patients before and after being given treatment in the intervention and control groups can be seen in the following table:

Table 2: Distribution of quality of life before and after being given EduMaSReMu in patients with Congestive Heart Failure (CHF) (n=30).

Quality of Life	Minimum		Maximum		Mean±SD		Delta	Sig.
	Before	After	Before	After	Before	After		
Intervention Group	0	11	15	15	7,93±4,877	12,67±1,345	4,74	0,000
Control Group	1	8	12	14	5,93±3,369	10,13±1,685	4,2	0,003

Based on table 4.2, the results of the descriptive statistical test show that before being given EduMaSReMu in the intervention group, the quality of life in congestive heart failure patients was poor, as evidenced by the minimum quality of life value (0), maximum (15) with an average value (7.93), while after being given EduMaSReMu intervention, there was an increase in the quality of life, as evidenced by an increase in the quality of life value at a minimum (11), maximum (15) with an average value (12.67), and in the control group before being given therapy according to the program, the quality of life was poor, as evidenced by the minimum quality of life value (1), maximum (12) with an average value (5.93), while after being given therapy according to the program, there was an increase in the quality of life value, as evidenced by the minimum (8), maximum (14), with an average value (10.13).

Bivariate

The Effect of EduMaSReMu on Quality of Life in Patients with Congestive Heart Failure (CHF)

Analysis of paired sample t-test on the quality of life of Congestive Heart Failure patients before and after being given EduMaSReMu in the intervention group and therapy according to the program in the control group can be seen in the following table:

Table 3: The effect of EduMaSReMu on quality of life in patients with Congestive Heart Failure (CHF) (n=30).

Goup	Quality of Life		Delta	*P-Value*
	After	Before		
Intervention	7,93	12,67	4,74	0,003
Control	5,93	10,13	4,2	0,001

Based on table 4.3, the results of the paired sample t-test statistical test show that there is an effect of EduMaSReMu on the quality of life after being given EduMaSReMu in the intervention group, as evidenced by a significance value smaller than (<0.05) p-value = 0.003, and in the control group, the significance value (<0.05) p-value = 0.001 means that there is an effect before and after being given EduMaSReMu in the intervention group and an effect before and after being given therapy according to the program in the control group in Congestive Heart Failure patients at the Eduardo Ximenes Regional Hospital (HoREX) Baucau in 2025.

Discussion

Characteristics of congestive heart failure patients consisting of gender, age, education, occupation, smoking history, and length of treatment

Gender

The results of the study are in line with research conducted by Harigustian et al. that the majority of congestive heart failure patients were female, as many as 17 people (53.2%). This study differs from the study conducted by Akhmad An et al. This research is different from the research conducted by Akhmad An et al. stated that the majority of respondents suffering from congestive heart failure were male, as many as 44 people (74%). The results of the chi-square homogeneity test between gender in the intervention and control groups obtained a p-value of 0.058, indicating that there was no effect of gender in the intervention and control groups in patients with congestive heart failure [28-32].

Age

The research results are supported by research conducted by Priandani et al. that the majority of congestive heart failure patients were of productive age, namely 55 respondents (53.9%). This is different from the research conducted by Akhmad An et al. stated that the majority of respondents who suffered from congestive heart failure were aged 61-65 years as many as 19 respondents (59.38%). The results of the chi-square homogeneity test between age in the intervention and control groups obtained a p-value = 0.256 which indicates that there is no effect of gender in the intervention and control groups or is not significant with a

positive direction of influence. According to Utami F & Pratiwi A.. Heart failure is a primary disease in people over 65 years of age, affecting 6% to 10%. The older a person is, the greater the risk of heart failure due to the aging process and atherosclerosis. Because age is a risk factor for heart failure, the older a person is, the greater the risk of developing heart failure.

Education

The results of this study are in line with research conducted by Khasanah Na et al. shows that the majority of congestive heart failure patients have a college or bachelor's degree, namely 25 respondents (50%). This is different from research conducted by stated that the majority of respondents suffering from congestive heart failure had an elementary school education, as many as 11 respondents (34.38%). The results of the chi-square homogeneity test between gender in the intervention and control groups obtained a p-value of 0.091, which indicates that the influence between education in the intervention and control groups was not significant with a positive direction of influence. According to The higher a person's education, the better the quality of life is expected to be [33].

Job

The results of this study are supported by research conducted by showed that the majority of congestive heart failure patients with unemployed status, amounting to 68 respondents (65.4%). This research differs from the research conducted by Harigustian et al. stated that the majority of respondents who suffered from heart failure had a civil servant/retired job status of 10 respondents (31.25%). The results of the chi-square homogeneity test between jobs in the intervention and control groups obtained a p-value = 0.456 which indicates that there is no influence or no significance between jobs in the intervention and control groups with a positive direction of influence. Work has a very important role, if someone who experiences stress has a risk of being exposed to hypertension, hypertension can cause left ventricular hypertrophy which is associated with diastolic dysfunction and increases the risk of heart failure. Heavy, continuous work and lack of rest increase the work of the heart in pumping blood throughout the body to meet the body's needs for activity [34, 35].

Length of Treatment

The results of this study are in line with research conducted by Ikawati Z(73) stated that the majority of respondents who suffered from heart failure with a duration of more than >1 year amounted to 50 respondents (51.5%). The results of the chi-square homogeneity test between the length of treatment in the intervention and control groups obtained a p-value = 0.183 which indicates that there was no significant effect between smoking habits in the intervention and control groups with a positive direction of influence.

Quality of life in congestive heart failure patients before and after treatment

The results of this study showed that the quality of life of patients with congestive heart failure in the intervention and control groups before being given EduMaSReMu in the intervention group and therapy according to the program in the control group showed that the quality of life of the clients was poor. Meanwhile, after being given the EduMaSReMu intervention in the intervention group and therapy according to the program in the control group, there was an increase in the quality of life of the clients. Congestive heart failure is a condition where the heart does not pump enough blood so that the body's needs, such as nutrition and oxygen, are not fully met. It is no secret that people with congestive heart failure are more likely to die than those who do not experience this condition. This is consistent with the worsening quality of life of people with congestive heart failure with increasing age. Quality of life is a person's perception of their position in life and the cultural context and value system in which they live, and in relation to their goals, expectations, standards, and concerns. One study found eight domains of quality of life for patients with congestive heart failure: role limitations, physical health, physical ability, general health, treatment satisfaction, symptom frequency, financial problems, psychological health, and dietary satisfaction [36].

Researchers provided an intervention to improve the quality of life of clients with congestive heart failure: a combination of education, stress management, and music relaxation. The quality of life assessed included walking ability, self-care, activities, pain/discomfort, and anxiety/depression [37].

Research conducted on education, stress management and music relaxation through outreach programs and standard operating procedures (SOP) for music relaxation for clients with congestive heart failure by involving clients independently and directed towards intensive care which resulted in improving the quality of life of clients with congestive heart failure.

Relaxation music therapy can improve mood and increase the body's production of endorphins, which can make clients feel more relaxed. Consequently, metabolic activity is also reduced, hopefully stabilizing blood glucose levels. Sound can reduce stress hormones, increase relaxation, and provide a distraction from tension, fear, and anxiety, lower blood pressure, and slow breathing, pulse, heart rate, and brain wave activity [38-40].

The steps of music relaxation therapy intervention in the intervention group are first to assess the quality of life of the client with congestive heart failure, then to make an agreement with the client with congestive heart failure regarding the educational treatment process, after that to carry out the music relaxation therapy procedure.

The Effect of EduMaSReMu on Quality of Life in Patients with Congestive Heart Failure (CHF)

The results of this study indicate a significant pre- and post-treatment effect in both the intervention and control groups. Congestive heart failure is a progressive syndrome that can reduce the quality of life in patients with congestive heart failure, influenced by several internal and external factors. Quality of Life encompasses various aspects of a person's life that are highly individual, subjective, and multidimensional. Quality of life is related to what is considered important in life, and what is considered important varies from person to person. It is closely related to a person's success, which is generally always associated with physical and general health.

This is in line with research findings that group or community support can improve the quality of life of clients with conges-

tive heart failure, as individuals actively involved in groups are more open in sharing information and opinions about the problems they face, as they are also clients with congestive heart failure, making it easier to interact. This improves the quality of life of clients who regularly engage in these activities, and the improvement of a group also provides emotional support for other clients, such as providing empathy when a client is ill and providing motivation so that sick members have the confidence to recover quickly. Clients can develop a sense of identity. Clients who share similar interests, attitudes, or beliefs and have a sense of interdependence to achieve physical and mental health.

Family support can also help to improve the quality of life of clients, because family support influences the attitudes and learning needs of clients with congestive heart failure by rejecting or accepting support both physically, psychologically, emotionally and socially. Clients with congestive heart failure are more likely to learn about congestive heart failure if their families provide support and participate in health education. Negative attitudes about the disease and treatment can lead to failure in congestive heart failure management, thus affecting the quality of life and social skills of congestive heart failure clients. Family support can be seen in four dimensions: emotional, appreciation, instrumental, and participation. Good family support influences the zest for life and mental health of congestive heart failure clients. The intervention in this study was stress management in clients with congestive heart failure. One therapy that is beginning to be used to improve quality of life is complementary and alternative medicine (CAM), namely physical exercise or sport, which is important in the management of congestive heart failure.

Another intervention is relaxation music therapy for clients with congestive heart failure to improve the client's quality of life. Relaxation music therapy is a therapy method by listening to music and/or musical elements (sound, rhythm, melody and harmony) designed to facilitate communication, relationships, learning, mobilization, expression and other therapeutic goals to meet physical, emotional, mental, social and cognitive needs. Music therapy is applied to reduce blood pressure fluctuations, reduce anxiety and depression, increase comfort, reduce saturated thoughts during treatment. The effectiveness of natural music therapy interventions depends on the choice of sound. Clients may have trauma or unpleasant experiences with certain sounds. As a result, they will have unpleasant experiences, which can worsen their quality of life. Patients with congestive heart failure need to maintain and improve their quality of life, as it is closely correlated with response to therapy, disease progression, and even death from congestive heart failure.

Research Limitations

The effect of EduMaSReMu on quality of life in patients with congestive heart failure can be influenced by many factors. However, due to limitations in this study, other variables that can influence quality of life, such as physical factors such as heart failure severity, medication adherence, fatigue, and psychological factors such as depression, family and social support, and economic status, were not analyzed.

Conclusion and Suggestions

Conclusion

Based on the results of the study on the effect of Education, Stress Management, and Music Relaxation (EduMaSReMu) on the quality of life of congestive heart failure patients, the following conclusions can be drawn:

The characteristics of the congestive heart failure client respondents were predominantly female in the intervention group and male in the control group, aged 20-40 years, with a college education, employed, non-smokers in the intervention group and smokers in the control group, with a length of treatment of 2-5 years in the intervention group and more than 5 years in the control group.

Before receiving EduMaSReMu and the therapy program, there was a poor quality of life score, whereas after receiving the EduMaSReMu intervention and the therapy program, there was a change in the quality of life scores of congestive heart failure patients.

There is an effect of EduMaSReMu on the quality of life of patients with congestive heart failure (CHF).

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