



FAMILY SUPPORT AS A PILLAR OF QUALITY OF LIFE IN CORONARY HEART DISEASE PATIENTS: A LITERATURE REVIEW

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ABSTRACT

Coronary heart disease (CHD) is a leading cause of cardiovascular mortality worldwide and substantially reduces patients' quality of life across physical, psychological, social, and environmental dimensions. Family support is an external factor that plays a crucial role in helping CHD patients undergo treatment, adopt lifestyle modifications, and cope with the psychological burden of chronic illness. This study aimed to examine family support as a pillar of quality of life in patients with coronary heart disease. This study used a PRISMA-based literature review of articles published between 2022 and 2026 in Google Scholar, PubMed, and Scopus. The keywords were "family support," "social support," "quality of life," "HRQoL," "coronary heart disease," "CHD," and "coronary artery disease," combined with Boolean operators (AND, OR). Of 1,395 articles identified, ten met the inclusion criteria (five national and five international studies). The synthesis showed that family support whether emotional, informational, instrumental, or appraisal support was significantly associated with improved quality of life in CHD patients ($p < 0.05$). Family support is a key determinant of quality of life in CHD patients, operating through strengthened self-care behavior, treatment adherence, and psychosocial well-being, and should therefore be integrated into holistic nursing care for this population.

Keywords: coronary heart disease; family support; quality of life; self-care

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INTRODUCTION

Coronary heart disease (CHD) is a type of cardiovascular disease that occurs when the coronary arteries narrow or become blocked, thereby obstructing blood and oxygen flow to the heart muscle. CHD remains the leading cause of cardiovascular mortality worldwide, with the number of deaths in Indonesia continuing to rise, from 196,000 cases in 2010 to 245,000 cases in 2019 (Setyowati et al., 2024). Indonesia's 2023 Basic Health Research (Riskesmas) recorded 5,592 CHD cases nationally, confirming that CHD remains a significant national health burden requiring particular attention to long-term management rather than acute medical treatment alone.

CHD is a chronic condition that demands lifelong, continuous management, including adherence to pharmacological therapy, lifestyle modification, and independent symptom monitoring. This condition significantly affects patients' quality of life, defined as an individual's perception of their position in life within the cultural and value system in which they live, in relation to their goals, expectations, standards, and concerns (Salsabila et al., 2023). Quality of life in CHD patients encompasses the physical dimension, disrupted by symptoms such as chest pain, shortness of breath, and activity limitation; the psychological dimension, marked by anxiety and depression commonly accompanying a chronic disease diagnosis; and the social dimension, affected by changing roles within the family and community.

Various factors influence the quality of life of CHD patients, including sociodemographic factors (age, sex, education, marital status), clinical factors (type of medical procedure, comorbidities,

disease severity), psychological factors (anxiety, self-efficacy, coping mechanisms), and external factors such as social support and family support (Blasius et al., 2023). Among these factors, family support holds a particularly important role, given that the family is the closest unit directly involved in the caregiving process, monitoring of treatment adherence, and provision of emotional support for CHD patients confronting the challenges of chronic illness.

Family support encompasses four main dimensions: emotional support (providing empathy, attention, and a sense of security), informational support (providing advice, suggestions, and information related to disease management), instrumental support (tangible assistance in the form of effort, time, and resources), and appraisal support (providing feedback and recognition for the patient's efforts in undergoing treatment) (Huriania et al., 2026). Scientific evidence from a study in China shows that good family functioning is significantly and positively correlated with the quality of life of hospitalized CHD patients, confirming that family support is not merely a supplementary factor but an important determinant directly related to patient health outcomes (Zhang et al., 2022).

The mechanisms through which family support influences CHD patients' quality of life operate through multiple pathways, including the reinforcement of self-care behavior, improved treatment adherence, and strengthened self-efficacy and health literacy. Recent studies show that social support, including family support, serially mediates the relationship between health literacy and self-management behavior among CHD patients following percutaneous coronary intervention (Liu et al., 2024). Nevertheless, comprehensive reviews integrating recent national and international evidence on family support as a pillar of quality of life in CHD patients remain limited, particularly those relevant to the context of nursing care in Indonesia. Based on this background, the present study aimed to examine the role of family support as a pillar of quality of life in patients with coronary heart disease through a PRISMA-based literature review of the most recent empirical studies published between 2022 and 2026, comprising five national and five international articles.

METHOD

This study employed a literature review design based on the topic "Family Support as a Pillar of Quality of Life in Patients with Coronary Heart Disease," structured using the following PICO framework: P (Population): adult patients with coronary heart disease; I/E (Exposure): family support; C (Comparison): differing levels of family support (good/poor); O (Outcome): quality of life of CHD patients. The databases used were Google Scholar, PubMed, and Scopus. The keywords used were "family support," "quality of life," "coronary heart disease," and "coronary artery disease," combined using Boolean operators (AND, OR). The complete search string was: ("family support" OR "social support") AND ("quality of life" OR "HRQoL") AND ("coronary heart disease" OR "CHD" OR "coronary artery disease").

Eligibility Criteria. The inclusion criteria were: (1) articles published between 2022 and 2026; (2) available as open-access full text; (3) written in Indonesian or English; (4) quantitative research (cross-sectional, descriptive correlational); (5) examined family support (or social support inclusive of family) as the independent variable and quality of life as the dependent variable in CHD patient populations; and (6) comprised a combination of national and international articles to provide a comprehensive perspective. The exclusion criteria included: opinion pieces, editorials, case reports, or reviews without primary data; articles examining cardiac patient populations other than CHD (such as congestive heart failure) without a clear CHD component; articles not reporting quantitative relationship outcomes; and articles irrelevant to the research topic upon full-text reading.

Data Extraction. The article search was conducted systematically across the three primary databases. Articles not meeting the inclusion criteria were excluded in stages. Once eligible articles were obtained, quality appraisal was conducted using the Critical Appraisal Skills Programme

(CASP) to ensure that only methodologically sound studies were included in the synthesis. The screening was conducted in two stages: the first stage applied general criteria (publication year 2022–2026, open-access full text, Indonesian or English language); the second stage focused on conformity with the PICO framework and the balance between national and international articles. Data were extracted in a standardized manner, including: researcher name, publication year, country/origin of journal (national/international), research design, sample size, instruments used to measure family support and quality of life, and key findings (p-values, correlation coefficients, or strength of association).

RESULT

The database search across Google Scholar, PubMed, and Scopus yielded 1,395 articles. After removing duplicates and conducting staged screening based on title, abstract, and full-text eligibility, ten articles met all inclusion criteria and were analyzed in this study, comprising five national and five international articles.

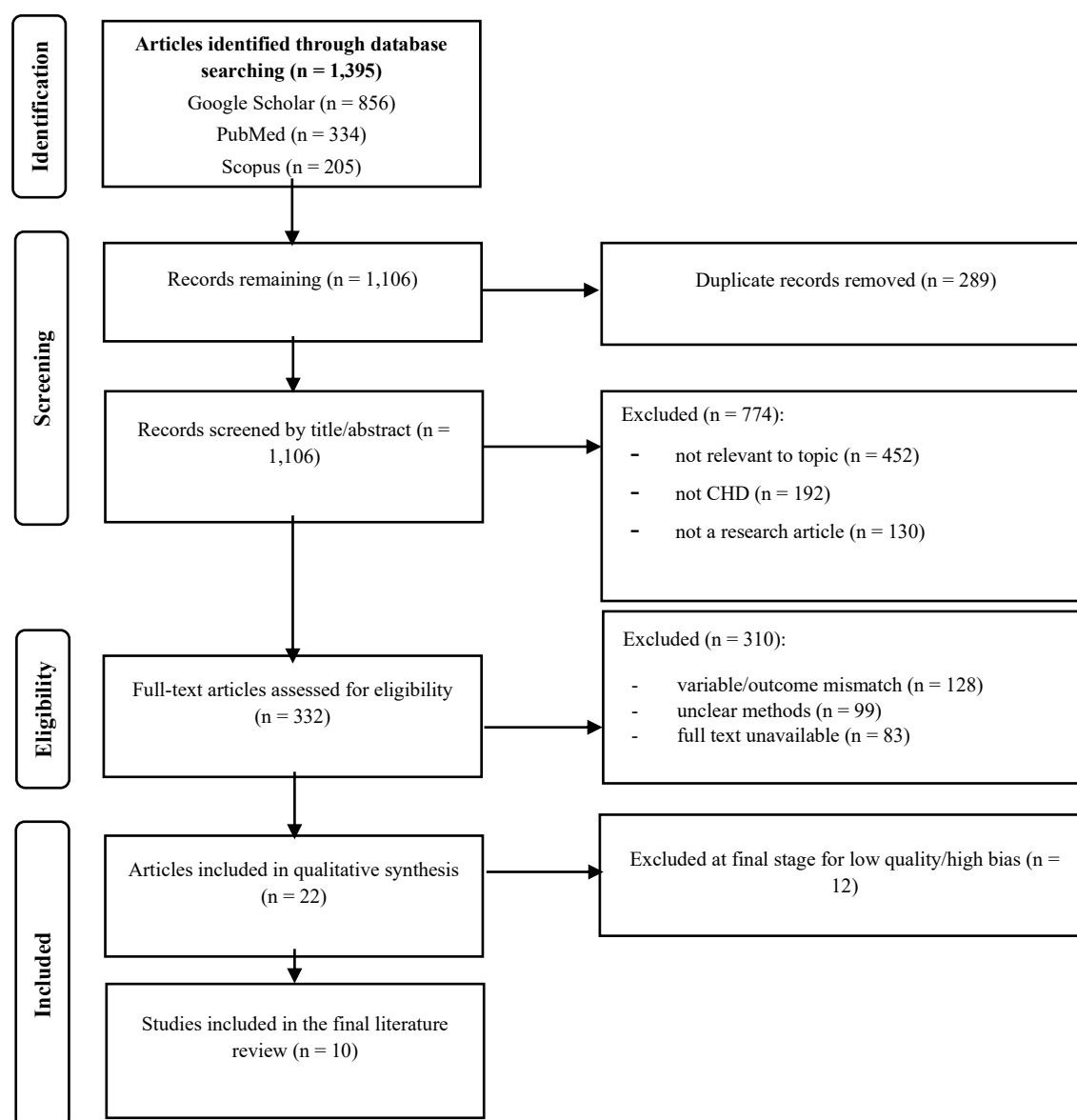


Figure 1. PRISMA flow diagram of the article selection process

Table 1.
Analysis of Articles

No	Topic	Author(s)	Design	Population & Sample	Findings
1	Self-Care and Family Support Improves the Quality of Life of Coronary Heart Disease Patients	(Huriania et al., 2026)	Descriptive Correlational, Cross-sectional	CHD patients undergoing routine check-ups at a cardiac outpatient clinic	Self-care and family support were significantly and positively correlated with CHD patients' quality of life (Spearman rank test). Mean self-care score was 64.95 (SD±5.993) and family support 38.73 (SD±2.827), both contributing to improved quality of life as measured by the MacNew instrument.
2	The Relationship between Family Support and Quality of Life in Patients after Percutaneous Coronary Intervention (PCI) at the Cardiac Clinic of Raden Mattaher Regional Hospital, Jambi	(Salsabila et al., 2023)	Descriptive Correlational, Cross-sectional	Post-PCI patients at the Cardiac Clinic of Raden Mattaher Regional Hospital, Jambi	A significant relationship was found between family support and quality of life among post-PCI patients ($p<0.05$). Patients with good family support tended to show better quality of life than those with poor family support.
3	Factors Affecting Quality of Life of People with Coronary Heart Disease at Puskesmas Sikumana, Kupang City	(Blasius et al., 2023)	Descriptive Correlational, Cross-sectional	CHD patients in the working area of Puskesmas Sikumana	Family support, together with psychosocial factors and medication adherence, was identified as significantly influencing CHD patients' quality of life, with emotional family support showing the most dominant contribution.
4	The Relationship between Self-Care Behavior and the Quality of Life of Coronary Heart Disease Sufferers in the Heart Clinic of Kendari	(Sulu Razak, 2024)	Quantitative, Cross-sectional	61 CHD patients at the Cardiac Clinic of Kendari General Hospital	A meaningful relationship was found between self-care behavior and quality of life, measured using the SCCHDI and SF-36 questionnaires, with family support identified as one of the key facilitators of successful patient self-care.

No	Topic	Author(s)	Design	Population & Sample	Findings
General Hospital					
5	Self-Care and Quality of Life of Patients with Coronary Heart Disease (CHD)	(Sidaria et al., 2023)	Descriptive Correlational, Cross-sectional	Outpatient CHD patients	A significant relationship was found between self-care and quality of life among CHD patients, with family support identified as an important determinant influencing the consistency of self-care behavior and, ultimately, patients' quality of life.
6	Family Functioning and Health-Related Quality of Life of Inpatients with Coronary Heart Disease: A Cross-Sectional Study in Lanzhou City, China	(Zhang et al., 2022)	Cross-sectional	224 hospitalized CHD patients at a major hospital in Lanzhou, China	Family functioning, measured using the Family APGAR Index, was significantly and positively correlated with quality of life (Sickness Impact Profile) among CHD patients. Binary logistic regression identified family functioning as an independent risk factor for poor quality of life.
7	Health-Related Quality of Life and Influencing Factors in Coronary Heart Disease Based on the Scale QLICD-CHD (V2.0): A Cross-Sectional Study	(Rao et al., 2023)	Cross-sectional	189 hospitalized CHD patients at the Affiliated Hospital of Guangdong Medical University, China	Health-related quality of life among CHD patients was influenced by family economic factors, type of treatment, and clinical indicators (indirect bilirubin, albumin). Family economic support showed a significant positive relationship with total quality-of-life scores.
8	The Serial Mediation Effects of Social Support and Self-Efficacy on Health Literacy and Self-Management Behaviors Among Young and Middle-Aged	(Liu et al., 2024)	Cross-sectional	360 CHD patients aged 18–59 years post-PCI at a tertiary hospital, China	Social support and self-efficacy serially mediated the relationship between health literacy and self-management behavior among post-PCI CHD patients ($\beta=0.226$; $p<0.001$), with a total mediation effect of 44.3%, confirming the crucial role of social support in patient management and recovery.

No	Topic	Author(s)	Design	Population & Sample	Findings
	Cardiac Patients After Percutaneous Coronary Intervention				
9	Exploring Factors Affecting Health-Related Quality of Life in Coronary Artery Disease Patients	(Kandasamy et al., 2025)	Cross-sectional	212 coronary artery disease patients at Rajiv Gandhi Co-operative Multispecialty Hospital, India	Family history of CHD, comorbidities, and lifestyle factors significantly affected the anxiety/depression and mobility dimensions of quality-of-life scores (EQ-5D-3L), underscoring the importance of psychosocial support, including from the family, in CHD management.
10	Correlation Analysis of Electronic Health Literacy, Compliance Behavior, and Quality of Life in Middle-Aged and Older Patients with Coronary Heart Disease: A Cross-Sectional Study	(Sun et al., 2025)	Cross-sectional	Middle-aged and older CHD patients, China	Electronic health literacy and compliance behavior were significantly and positively correlated with CHD patients' quality of life, with family support in navigating digital health information sources contributing to improved compliance and quality of life.

DISCUSSION

The synthesis of the ten analyzed articles, drawn from both national and international studies, consistently showed that family support is significantly associated with quality of life among patients with coronary heart disease ($p < 0.05$). This consistency across diverse measurement instruments, populations, and healthcare contexts strengthens the validity of family support as an important determinant of CHD patients' quality of life.

At the national level, Huriania et al. (2026) demonstrated that self-care and family support were significantly and positively correlated with CHD patients' quality of life as measured using the MacNew instrument, with a mean family support score of 38.73 ($SD \pm 2.827$). Salsabila et al. (2023) reinforced this finding in a post-percutaneous coronary intervention (PCI) population at Raden Mattaher Regional Hospital, Jambi, showing that patients with good family support tended to demonstrate better quality of life compared with those receiving inadequate family support. Blasius et al. (2023), studying patients at Puskesmas Sikumana, added that emotional family support showed the most dominant contribution among various factors influencing CHD patients' quality of life in primary care settings.

Sulu and Razak (2024) at the Cardiac Clinic of Kendari General Hospital, together with Sidaria et al. (2023), further confirmed that self-care behavior is meaningfully related to CHD patients' quality of life, with family support acting as one of the key facilitators sustaining consistent self-care behavior. Collectively, these five national studies affirm that family support—whether measured directly or through the mediation of self-care behavior—is consistently associated with CHD patients' quality of life across various healthcare contexts in Indonesia, ranging from referral hospital cardiac clinics to primary health centers (Puskesmas).

At the international level, evidence from larger-scale studies provides mechanistic reinforcement of this relationship. Zhang et al. (2022), using the Family APGAR Index among 224 hospitalized CHD patients in Lanzhou, China, demonstrated that family functioning was significantly and positively correlated with quality of life (Sickness Impact Profile), with binary logistic regression identifying family functioning as an independent risk factor for poor quality of life. Rao et al. (2023) added that family economic factors—as one dimension of instrumental support—showed a significant positive relationship with total quality-of-life scores measured using the QLICD-CHD (V2.0) scale among CHD patients in China.

Liu et al. (2024), through a serial mediation study among 360 young and middle-aged post-PCI CHD patients, demonstrated that social support and self-efficacy serially mediated the relationship between health literacy and self-management behavior ($\beta=0.226$; $p<0.001$), with a total mediation effect of 44.3%. This finding provides important mechanistic insight that family support is not only directly related to quality of life but also operates by strengthening patients' health literacy and self-efficacy. Kandasamy et al. (2025), studying patients in India, further reported that family history of CHD and psychosocial factors significantly affected the anxiety/depression and mobility dimensions of quality-of-life scores (EQ-5D-3L), underscoring the importance of psychosocial support, including from the family, in CHD management.

Sun et al. (2025) complemented the international evidence by showing that electronic health literacy and compliance behavior were positively correlated with quality of life among middle-aged and older CHD patients, with family assistance in navigating digital health information sources contributing to improved compliance and quality of life. Overall, the convergence of evidence from the five national and five international studies illustrates that family support is a multidimensional determinant of CHD patients' quality of life, operating both directly—through the fulfillment of emotional and instrumental needs—and indirectly, through the reinforcement of self-care behavior, treatment adherence, health literacy, and self-efficacy.

CONCLUSION

This literature review demonstrates that family support, encompassing emotional, informational, instrumental, and appraisal dimensions, functions as a significant pillar underpinning the quality of life of patients with coronary heart disease across diverse healthcare settings and research designs. This relationship operates both directly, through the fulfillment of patients' psychosocial and instrumental needs, and indirectly, through the reinforcement of self-care behavior, treatment adherence, health literacy, and self-efficacy. National studies affirm the relevance of family support across various healthcare settings in Indonesia, from referral hospital cardiac clinics to primary care, while international studies strengthen the generalizability of these findings and offer deeper mechanistic insight into the pathways mediating family support and quality of life.

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