

EXPLORATION OF SELF-MANAGEMENT OF HYPERTENSION PATIENTS IN THE CITY OF JAYAPURA

Fitriani^{1*}, Titi Iswanti Afelya¹
¹ Universitas Cenderawasih, Jayapura 99358, Indonesia
*Email: fitriany2512@gmail.com

Abstract

Hypertension is an asymptomatic chronic disease that can lead to complications and death. To control hypertension, patients can do pharmacological or non-pharmacological treatment. In non-pharmacological treatment, patients can make lifestyle changes in daily behavior, so that patients are responsible for themselves, which is called self-management. The application of self-management can reduce the risk of complications in patients. This study aims to identify self-management in patients with hypertension. The research method is an analytic survey with a cross-sectional study design. Identification of self-management of hypertension patients using the Hypertension Self Management Behavior Questionnaire (HSMBQ). The research sample was hypertension patients at Jayapura City Hospital selected by simple random sampling. The results of this study indicate that self-management of hypertension patients is in a good category. Good self-management can help patients manage their disease and improve their quality of life.

Keywords: Hypertension, Self Management

Introduction

Hypertension is a chronic disease that does not show symptoms, this condition causes sufferers to not be vigilant and not even realize the threat of hypertension complications that can lead to death. (Mulyati et al., n.d.). Hypertension disease shows a state of systolic blood pressure above 140 mmHg and diastolic blood pressure above 90 mmHg. This disease can also arise as a result of renal failure treatment and congenital heart disease treatment where this condition is called secondary hypertension (Fernalia et al., 2019). WHO data (2015) around 1.13 billion people in the world suffer from hypertension, which means that 1 in 3 people in the world suffer from hypertension. (Kemenkes, 2019). Based on data from the Ministry of Health in 2017, there was around 31.7% prevalence of people with hypertension, of which only 7.2% had an understanding of hypertension. Data from (Kementrian Kesehatan, 2018), hypertension patients in Papua Province increased in 2013 by 16.8% and in 2018 by 22.2%.

Hypertension can not only cause blindness but is also a major cause of chronic heart failure and kidney failure and can increase due to complications of diabetes mellitus (Fernalia et al., 2019). The incidence of mortality and morbidity in people with hypertension can be reduced by controlling blood pressure in various ways such as medication therapy, and positive lifestyle changes are steps that can be taken. Because hypertension is a chronic disease patients must be responsible for self-management both to reduce symptoms and reduce the risk of complications (Mulyati et al., n.d.).

In managing patients with chronic diseases, one of which is hypertension, namely by making positive adaptations to their illness so that patients will be able to increase their ability to care for themselves (Sakina et al., 2020). In patients with hypertension, self-management is needed so that patients do not experience a decline in health caused by recurrent illnesses (Fernalia et al., 2019). A person with hypertension can carry out self-management if they have good health behavior (Akhter, 2010). In this case, self-management includes self-integrity, self-regulation, interaction with health professionals, self-monitoring, and adherence to the recommended regimen. Thus, in patients with hypertension, one of the efforts in daily treatment and prevention of complications is to carry out self-management. Self-management

supported by the patient himself can help in controlling blood pressure. (Shahaj et al., 2019). Related to this, the purpose of this study is to identify the self-management of patients with hypertension.

Methods

This research is quantitative research with an analytic survey method with a cross-sectional study design. The population in this study were hypertension patients at the Jayapura City Regional General Hospital with a sample size of 100 respondents selected by simple random sampling method. The research instrument used the Hypertension Self Management Behavior Questionnaire (HSMBQ). This questionnaire has been translated into the Indonesian version and has been tested for instrument validity with the test results of all valid statements with a calculated r value of 0.375 - 0.781. Data analysis techniques were carried out univariately. This research has gone through ethical testing from the Komite Etik Penelitian Kesehatan Poltekes Jayapura with number 119/KEPK-J/V/2023.

Results

Table 1 shows the frequency distribution based on the characteristics of the respondents. Based on the table, one-third of the respondents were aged 58 - 67 years as many as 31 (31%) respondents. The last education of the respondents was mostly senior high school as many as 45 (45%) respondents and college as many as 42 (42%) respondents. In terms of gender, 59 (59%) of respondents were female, and the majority of respondents were married as many as 92 (92%) respondents. In terms of employment characteristics, one-third of the respondents were housewives as many as 35 (35%) respondents.

Table 1. Respondent Characteristics

Characteristics	Frequency (f)	Percentage (%)
Age		
18 - 27 Years	1	1
28 - 37 Years	12	12
38 - 47 Years	29	29
48 - 57 Years	27	27
58 - 67 Years	31	31
Total	100	100
Education		
Elementary School	5	5
Junior High School	8	8
Senior High School	45	45
College	42	42
Total	100	100
Gender		
Male	41	41
Female	59	59
Total	100	100
Married Status		
Married	92	92
Nor married	8	8
Total	100	100
Jobs		
Government employee	27	27
Retired	9	9
Private Employee	5	5
Self-employed	18	18
Housewife	35	35
Not Work	6	6
Total	100	100

Table 2 Hypertension Self-Management

Self Management	Frequency (f)	Percentage (%)
Good	85	85
Moderate	14	14
Poor	1	1
Total	100	100

Table 2 shows the respondents' hypertension self-management. From the table, it can be seen that most respondents have good self-management as many as 85 (85%) respondents, moderate self-management as many as 14 (14%) respondents, and poor self-management as many as 1 (1%) respondents.

Table 3 Crosstabulation Of Characteristics and Self-Management

Characteristics	Self Management			Total
	Good	Moderate	Poor	
Age				
18 - 27 years	0	0	1	1
28 - 37 years	11	1	0	12
38 - 47 years old	22	7	0	29
48 - 57 years	23	4	0	27
58 - 67 years	29	2	0	31
Total	85	14	1	100
Education				
Elementary School	4	1	0	5
Junior High School	7	1	0	8
Senior High School	37	7	1	45
College	37	5	0	42
Total	85	14	1	100
Gender				
Male	34	7	0	41
Female	51	7	1	59
Total	85	14	1	100
Married Status				
Married	78	14	0	92
Not married	7	0	1	8
Total	85	14	1	100
Jobs				
Government employee	22	5	0	27
Retired	9	0	0	9
Private employee	4	1	0	5
Self-employed	15	2	0	18
Housewife	30	5	0	35
Not Work	4	1	1	6
Total	85	14	1	100

Table 3 shows the results of crosstabulation of respondent characteristics with self-management. From the table, it can be seen that for age 58 - 67 years as many as 29 respondents have good self-management, and age 18-27 years 1 respondent with poor self-management. In the characteristics of education, senior high school, and college as many as 37 respondents have good self-management and 1 respondent has poor self-management. Female gender as many as 51 respondents have good self-management and female gender 1 respondent with poor self-management. On married status, 78 respondents had good self-management, and 1 not-married respondent with poor self-management. For the occupation of housewives as many as 30 respondents with good self-management, and 1 respondent did not work with poor self-management.

Discussion

The results showed that the majority of self-management of hypertension patients at Jayapura Hospital was good. The results of this study are in line with previous research, namely Nabila, Arnita, Mulyati, et al., (2022) which suggests that most people with hypertension have sufficient self-management. Likewise, the results of research Puswati et al., (2021) on hypertension patients during the co-19 pandemic suggested that most of the self-management of hypertension patients was in the moderate category. As well as the results of research from Damayanti et al (2022) who analyzed self-management and quality of life of hypertension patients, found that respondents had good self-management related to hypertension.

Self-management is a person's ability to manage the symptoms of chronic diseases such as care, medication, social activities, physical activity, and lifestyle changes. Self Management plays an important role in controlling blood pressure in people with hypertension (Nabila et al., 2022) which consists of five factors, namely self-integrity, self-regulation, interaction with other health workers, monitoring blood pressure, and adherence to recommended rules (Akhter, 2010). (Akhter, 2010). In this study, the majority of respondents' self-management is good. However, there are still some behaviors that are closely related to self-management of hypertension patients that have not been implemented properly such as never considering portions and food choices when eating, never controlling signs and symptoms of hypotension, never giving input to the doctor to change the treatment plan if they cannot adjust to the plan, never going to the doctor to check blood pressure, and being strict in taking anti-hypertension drugs.

Self-management can be influenced by several factors including personal, self-efficacy, family, and spiritual support for hypertension patients. (Romadhon et al., 2020). In addition, self-management of hypertension patients is also closely related to diet, physical activity, smoking, anti-hypertension medication, blood pressure checks, and social support. (Nurarifah & Damayanti, 2022).. Self-management can increase the knowledge, skills, and motivation of patients through active participation in self-management, identifying problems, finding solutions, making action plans, and evaluating the success of actions ultimately patients can understand and have the skills to overcome their illness. However, related to this, self-management requires motivation and support from all parties, especially family members. (Adriani et al., 2021). This is also related to the patient's quality of life. Someone who has good self-management will have a good quality of life. Vice versa, if self-management is lacking, then the quality of life will also be low (Damayanti et al., 2022).

Thus the results of this study indicate that self-management of hypertension patients is in the good category, but some behaviors are still not well implemented by respondents. Good self-management can help patients manage their disease and improve their quality of life.

Conclusion

Self-management of hypertension patients is in a good category. However, some behaviors are still not well implemented by respondents, namely considering portions and food choices when eating, not controlling signs and symptoms of hypotension, not giving input to doctors to change the treatment plan if they cannot adjust to the plan, never going to the doctor to check blood pressure and not being strict in taking anti-hypertension drugs. Good self-management can help patients manage their disease and improve their quality of life.

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