
Relationship Between Self-Management and Quality of Life of Hypertension Patients at Slempit Kedamean Community Health Center

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Abstract:

Hypertension is often called the silent killer because many hypertension sufferers do not understand the signs and symptoms of hypertension before being examined. So Self-Management is one way to minimize complications that can disrupt a person's quality of life. Intervention in handling hypertension independently is very necessary to minimize the cost of patient treatment, there are several efforts to carry out Self-Management interventions independently. Such as changing and maintaining a healthier lifestyle, stopping smoking and alcohol consumption habits, doing a healthy diet, filling free time with exercise.

Keywords: Self-management, quality of life, hypertensive patients

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Introduction

Hypertension is often called the silent killer because many hypertension sufferers do not understand the signs and symptoms of hypertension before undergoing an examination. (Nurhayati et al., 2023). An increase in a person's blood pressure that exceeds systolic 140 and diastolic 90, then the person is said to be suffering from hypertension. It is often found that people with hypertension will experience signs and symptoms such as changes in the retina, narrowed arterioles, pupil edema, vascular damage, pain in the coronary arteries, left ventricle hypertrophy, and finally cerebrovascular disorders. (Windahandayani et al., 2022). Hypertension is a degenerative disease that has a high incidence rate, degenerative disease is a health condition where an organ or related tissue continues to deteriorate over time. This disease is caused by changes in cells in the body, which ultimately affects the function of all organs (Sari & Widiharti, 2021).

The length of hypertension treatment can disrupt a person's quality of life such as stress. Hypertension requires long-term treatment because this disease cannot be cured. So Self-Management is one way to minimize complications that can disrupt a person's quality of life (Setiawan, 2020). Therefore, the need for fast and precise handling is very much needed for hypertension sufferers, one of which is good Self-Management. This is to minimize the occurrence of more severe and detrimental complications for the patient himself. Some complications caused by hypertension include; Myocardial infarction, stroke, kidney failure, heart failure. Angioplasty, dementia and peripheral vascular disease that can affect a person's quality of life (Kurnia, 2021).

World Health Organization (WHO) stated that hypertension is one of the biggest cases in the world, according to WHO hypertension in 2019 out of 972 million people with a percentage of 26.4% of people diagnosed with hypertension worldwide (Kurniawan & Sulaiman, 2019).

Meanwhile, based on Riskesdas, there was an increase in cases nationally, in 2013 the prevalence of hypertension was 25.8% which eventually increased to 34.1% (Yuliaji et al., 2020).

Based on the Indonesian Ministry of Health 2018 (Kemenkes. 2018). In Indonesia, the prevalence of hypertension ranks 2nd out of 10 diseases in hospitals with a percentage of 4.67%. In East Java, hypertension ranks 6th with the largest number in the Surabaya area, with 313,960 people suffering from hypertension (Ghnia et al., 2022). While in Gresik Regency the percentage of hypertension is 36.42%. The incidence of hypertension from year to year has experienced a very significant increase, this is certainly a serious problem to be handled immediately and appropriately (Nurhayati et al., 2023). Based on the results of the analysis of the Gresik District Health Office in 2020, the number of hypertension patients in 2020 reached 1176 patients and was included in urgent cases (Ministry of Health, 2020).

Hypertension requires long-term treatment and can cause complications, therefore the large number of increases in hypertension sufferers requires proper Self-Management to avoid the severity and prevent complications of other diseases. In addition, Self-Management is also carried out in order to improve the quality of life of hypertension patients to be better. Self-Management itself means a person's ability to maintain effective behavior. One of the Self-Management that can be done in hypertension sufferers is to diet to avoid recurrence of hypertension, exercise diligently, effectively take prescribed medication, monitor yourself, and control emotional coping appropriately (Nabila et al., 2022).

Self Management in hypertensive patients should have been introduced since the person received a diagnosis of hypertension, but Self-Management in hypertensive patients is not entirely successful. There are several factors that cause Self-Management in hypertensive patients to fail, such as factors influenced by health workers where health workers fail to communicate effectively with hypertensive patients, and the absence of good collaboration between health workers and hypertensive patients. In addition, Self-Management in hypertensive patients must also be supported by adequate health facilities and the availability of sufficient drugs (Nurarifah & Damayanti, 2022).

With the success of Self-Management, the quality of life of hypertension patients can be improved. Poor Self-Management causes complications in hypertension sufferers, because quality of life is a person's understanding of general health conditions in carrying out physical roles and functions and body conditions. (Syahputra et al., 2019).

Intervention in the independent management of hypertension is very necessary to minimize the cost of patient treatment, there are several efforts to carry out Self-Management interventions independently. Such as changing and maintaining a healthier lifestyle, stopping smoking and alcohol consumption habits, doing a healthy diet, filling free time with sports (Iyar et al., 2023).

Factors that influence self-management include: knowledge factors, the person's level of education, social support, self-confidence, and how long the person has suffered from hypertension. (Susanti et al., 2022). Blood pressure is a problem that is often discussed by previous researchers with the title of self-care management analysis of blood pressure specifically for the elderly. (Pae et al., 2023). However, the current research has a very significant difference with the previous research, the researcher is interested in discussing the relationship between Self-Management and the quality of life of

Hypertension patients considering the incidence of hypertension every year always increases.

Method

This study uses a quantitative approach. The design of this study is a cross-sectional observational study in order to determine the relationship between Self-Management and the quality of life of hypertensive patients. The population is 91 patients. This study uses a simple random sampling method, namely taking a random sample of 75 patients. The instruments used are Self-management and quality of life questionnaires. Data analysis uses the chi-square correlation test.

Results and discussions

The results of the chi-square test analysis of self-management and quality of life showed a p value of $0.03 < \alpha$. In this study, the results of good self-management were obtained in 55 patients (73.3%) while the quality of life was moderate in 52 patients (69.3%). So there is a relationship between self-management and the quality of life of hypertensive patients as evidenced by a p value of $0.03 < \alpha$. Based on previous research conducted (Sahrul, 2021) has a relationship between self-management and the quality of life of hypertensive patients. It is proven in this study that there is a relationship between self-management and the quality of life of hypertensive patients, the average self-management of respondents in this study is in the good category with moderate quality of life.

Conclusion

There is a relationship between self-management and the quality of life of hypertension patients at the Slempit Kedamean Gresik Health Center in 2024. It is necessary to improve self-management and the quality of life of patients by utilizing the health service facilities that have been provided.

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