

Available online at : <http://ejurnal.stikesprimanusantara.ac.id/>

Jurnal Kesehatan

| ISSN (Print) 2085-7098 | ISSN (Online) 2657-1366 |



Research

Family Support for Management of Hypertension

Vera Kurnia¹, Muhammad Pauzi², Rita Gusmiati³, Sri Wahyuni⁴

^{1,2,4}Department of Nursing, Faculty of Nursing and Public Health, Universitas Prima Nusantara Bukittinggi, West Sumatera, Indonesia

³Department of Health Promotion, Faculty of Nursing and Public Health, Universitas Prima Nusantara Bukittinggi, West Sumatera, Indonesia

ARTICLE INFORMATION

Received: Oktober, 09, 2023
Revised: November, 15, 2023
Accepted: Desember, 31, 2023
Available online: Juli, 30, 2024

KEYWORDS

Family support, management of hypertension

CORRESPONDING AUTHOR

Name: Vera Kurnia

E-mail: eya_melayu88@yahoo.com¹

ABSTRACT

Background: The phenomenon that occurs in hypertension patients in the internal medicine room at Dr. Achmad Darwis Suliki Hospital is that the family is not involved in managing hypertension management because the family does not know about hypertension management.

Purpose: The research purpose is to examine the relationship between family support and hypertension management at home

Methods: This research uses a quantitative type with a descriptive correlation and design using a cross-sectional approach. Data collection started from October to February 2022 in the internal medicine room at Dr. Achmad Darwis Suliki Hospital with a sample of 67 respondents using an accidental sampling technique. The data collection tool used a questionnaire and was analyzed using the chi-square test.

Results: The results of the study that there was a relationship between family support and hypertension management at home ($p = 0.000$ and $OR = 18.889$), with an Odds Ratio value of 18.889 so that respondents whose families supported hypertension management had 18.9 times the chance of carrying out hypertension management well.

Conclusion: The family has an important role in hypertension management, family support is a motivation for sufferers to carry out hypertension management well. Health workers are expected to always educate families of hypertension sufferers so that they are involved and play an active role in carrying out hypertension management at home so that they can control blood pressure and preventive measures for the occurrence of complications in hypertension sufferers.

INTRODUCTION

Hypertension is still the cause of death in the world. WHO targets globally to reduce the prevalence of hypertension by 33% from 2010 to 2030. It is estimated that 46% of adults with hypertension do not have the disease. WHO data explains that 1 in 5 adults (21%) with hypertension can control it [1]. In research by [2], the results explain that five themes become obstacles for hypertension sufferers in controlling hypertension, namely: lack of self-motivation in managing hypertension, non-compliance in managing hypertension, cultural patterns of food intake, lack of social support, and excessive stress and anxiety.

The family has a significant role in preventing obstacles to hypertension management by being involved and carrying out the process of monitoring, maintaining, and preventing hypertension [3]. Apart from that, families can also provide support

and make decisions regarding the hypertension management chosen by hypertension sufferers [4]. Family support is also essential for hypertension sufferers to increase self-motivation and diet compliance in hypertension sufferers [5].

Initial survey in the internal medicine room at Dr. Achmad Darwis Suliki Hospital, data information obtained from patient visits with hypertension always ranks first among the ten most common diseases. Between January and September of 2021, there were 1,075 patients, and the average patient visit in one month was 199 hypertensive patients. Of the ten hypertension sufferers who were examined it was found that the majority of hypertension sufferers stated that the family did not participate in hypertension management and then the patient only carried out treatment and management of hypertension without family help because the family did not understand the management of hypertension and the complications that could occur in hypertension patients, so the family does not play an active role in the patient chosen management of hypertension.

The difference between this study and the previous one is that the number of samples was 67 respondents with a sampling technique using accidental sampling carried out in the Minangkabau community. In comparison, the previous study conducted by [6] had a sample of 35 respondents with a simple random sampling technique in the Javanese community.

METHOD

This research uses a quantitative type with a correlation design and a cross-sectional research approach. The data was collected between October 2021 to February 2022 from the internal medicine room at Dr. Achmad Darwis Suliki Hospital. The total sample size was 67 respondents, selected using an accidental sampling technique based on predetermined inclusion criteria. The instrument used is a questionnaire comprising 20 family support statements, using a Likert scale consisting of 4 alternative answers, namely always, often, rarely, and never. The hypertension management questionnaire consists of 14 statements which are also in the form of a Likert scale, with alternative answers: always, often, rarely, and never. Bivariate analysis used the Chi-Square test, with a significance level of 0.05. The results of the chi-square analysis are compared with the p-value, where if $p < 0.05$ means it is statistically significant, and if the $p\text{-value} > 0.05$ means it is not statistically significant.

RESULT DAN DISCUSSION

Table 1. Frequency Distribution of Family Support in Management of Hypertension the internal medicine room at Dr. Achmad Darwis Suliki Hospital in 2022

No	Family support	f	%
1	Support	38	56,7
2	Does not support	29	43,3
Total		67	100

Based on Table 1, witness that of the 67 respondents, more than the majority have families assist hypertension management at home, namely 38 respondents (56.7%). Family support is a form of providing support to other family members experiencing problems, namely informational support, assessment support, instrumental support, and emotional support. Nuclear family support is also essential for hypertension sufferers to increase dietary compliance in hypertension sufferers. Forms of family support include informational support, assessment support, instrumental support, and emotional support [5].

According to [7], the family's task in the health sector, especially for hypertensive patients, is to recognize disorders in the health development of each family member, make decisions about appropriate health actions, provide management to sick family members, maintain a home atmosphere that is favorable for health and development. Personality of family members, and maintaining reciprocal relationships between families and health facilities.

The results of this research are in line with research conducted by Amelia (2020) regarding the relationship between family support and hypertension diet compliance in hypertensive patients. It was found that 75.3% of respondents stated that they received family support. The support most respondents received was in the form of informational support (37.6%), while the least was emotional support (11.8%).

According to researchers' assumptions, the large number of respondents who support hypertension management in hypertensive patients is a form of their love, attention, and responsibility towards sick family members, namely hypertensive patients. The form of support that many families give is giving praise when the patient wants to follow the diet for hypertension patients, not getting angry when the patient complains about his illness, and telling him about all the information obtained from health books, mass media, and officials about hypertension. This support is emotional support and information support provided so that patients are motivated to "Perform procedures to manage hypertension.

Table 2. Frequency Distribution of Hypertension Management the internal medicine room at Dr. Achmad Darwis Suliki Hospital in 2022

No	Hypertension Management	f	%
1.	Good	43	64,2
2.	Not good	23	35,8
Total		67	100

Based on Table 2, it can be seen that of the 67 respondents, more than half of them carry out hypertension management at home well, namely 43 respondents (64.2%). The goal of hypertension management is to reduce the risk of cardiovascular disease and associated mortality. Additionally, achieve and maintain systolic blood pressure below 140 mmHg and diastolic blood pressure below 90 mmHg and control risk factors. Essential hypertension cannot be treated but can be given to prevent complications. The first step is usually to change the lifestyle of hypertensive sufferers who are overweight and recommend reducing their weight to the ideal limit, changing their diet, obesity or high cholesterol levels, and aerobic exercise that is not too heavy. Sufferers do not need to limit their activities as long as they control their blood pressure and stop smoking [8].

According to research conducted by [9] entitled Self Management of Healthy Behavior in Hypertension Patients, explained that the respondents' habits of doing light and medium activities every day and also the education provided by health workers have a big impact on respondents' habits where they always exercise and eat healthy in their daily lives.

The results of this study are in line with [10] research on the relationship between family support and hypertension diet compliance in hypertensive patients. Based on this research, It has been discovered that 68.8% of respondents adhered to the hypertension diet. The respondents' form of compliance was consuming lots of fruit and vegetables, limiting fatty and oily food, and nuts, and limiting the use of table salt. Meanwhile, respondents still exercise and use flavorings [11].

According to the researcher's analysis, many respondents who carry out good management can be influenced by the respondent's relatively high education (high school and tertiary education), thereby raising awareness in them that managing hypertension at home is very necessary so that they do not experience hypertension complications which can cause death. They realize this by managing hypertension, such as avoiding canned food and drinks, preserved foods and foods or drinks with full cream milk, butter, margarine, and soon..

Respondents who did not manage hypertension well were due to a lack of motivation within themselves to carry out hypertension management and also a lack of support from the family to provide for the patient's needs in managing hypertension. This causes many patients to not manage hypertension well, such as losing weight, drinking caffeinated drinks,

and not being able to limit salt intake. Respondents cannot manage hypertension optimally because they do not exercise regularly to lose weight and find it difficult to reduce their habit of consuming caffeine and not using salt in the food they consume every day.

Table 3. Relationship between family support and hypertension management the internal medicine room at Dr. Achmad Darwis Suliki Hospital in 2022

Family support	Hypertension Management				Total		OR (95 % CI)
	Baik		Tidak baik		n	%	
	N	%	n	%			value
Support	34	89,5	4	10,5	38	100	0,000 (5,143- 69,369)
does not support	9	31,0	20	69,0	29	100	
Total	43	64,2	24	35,8	67	100	

Based on Table 3, it can be seen that among the 38 respondents who have families who support hypertension management at home, 34 respondents (89.5%) carry out hypertension management well. Meanwhile, among the 29 respondents whose families did not support hypertension management at home, there were 20 respondents (69.0%) who did not manage hypertension well. After carrying out statistical tests using the chi-square test, the result was $p = 0.000$ ($p < 0.05$), this means that there is a relationship between family support and hypertension management at home in outpatients at the Dr. Achmad Darwis Suliki Internal Hospital in 2022. Value The Odds Ratio obtained was 18.889, meaning that respondents whose families supported hypertension management were 18.9 times more likely to carry out hypertension management well, compared to respondents whose families did not support hypertension management at home.

Family support is an important factor in treating and preventing hypertension. The family has an important role in monitoring and preventing complications of hypertension and can provide support and make decisions regarding the management carried out by hypertension patients [4]. Apart from that, family support is an important element in the success of maintaining and maintaining the health of each family member [12].

Family support is needed in managing hypertension at home because it increases self-confidence and motivation to face problems in hypertension management. The role of the family must be involved in arranging the food menu because it is highly recommended for hypertensive patients to avoid and limit foods that can increase blood cholesterol levels and increase blood pressure [13].

The results of this research are in line with [6] research on the relationship between family support and hypertension management behavior, which found that there was a significant relationship between family support and hypertension management behavior carried out by the family at home with a p -value = 0.003. According to research by [14], family support for patients with high blood pressure is related to controlling hypertension. [15] also concluded that there is a relationship between family support and adherence to the hypertension diet in hypertension sufferers in Tapos Village, Depok. If the family provides good support, the respondent's compliance in implementing the hypertension diet will be higher.

According to the researchers' analysis, there is a relationship between family support and hypertension management because patients need family support to help them manage hypertension. Information support from the family is needed to inform and remind patients to carry out optimal hypertension management. Appreciative support is needed so that respondents are motivated to carry out hypertension management at home. On the other hand, respondents who receive less instrumental support from the family will not be able to carry out self-management because support from the family is needed to prepare the recommended food for hypertensive patients, accompany them to exercise, or create a comfortable and calm environment so that the patient can control stress.

CONCLUSION

Family support for hypertension sufferers is very much needed in hypertension management. From the results of this study, it can be seen that family support for hypertension sufferers in the poly ward of Dr. Achmad Darwis Suliki Hospital has a family that supports and plays an active role in carrying out hypertension management which has an OR 18.9 times chance of carrying out hypertension management well.

ACKNOWLEDGEMENT

The researchers would like to thank the patients and families who were respondents, to the hospital, especially in the poly room at Dr. Achmad Darwis Suliki Hospital, and to the LPPM Prima Nusantara University, Bukittinggi, who helped and facilitated this research.

REFERENCE

- [1] World Health Organization. (2023). "Planning and implementing palliative care services: a guide for programme managers," in *World Health Organization*, Elsevier.
- [2] Kurnia, V., D Suza, Y Ariani. (2018). Experience of barriers to hypertension management in Minangkabau ethnic group in Payakumbuh Indonesia: A phenomenological study. *Belitung Nursing Journal*
- [3] Tumenggung I. (2013). "Hubungan Dukungan Sosial Keluarga Dengan Kepatuhan Diet Pasien Hipertensi di RSUD Toto Kabila Kabupaten Bone Bolango," *J. Heal. Spor*, vol. 7.
- [4] Boonyathee S, Seangpraw K, OngArtborirak P, Auttama N, Tonchoy P, Kantow S, et al. (2021). Effects of a social support family caregiver training program on changing blood pressure and lipid levels among elderly at risk of hypertension in a northern Thai community. *PLoS ONE* 16(11): e0259697. <https://doi.org/10.1371/journal.pone.0259697>
- [5] Pranata., J. (2018). *Aku Perawat Komunitas*, no. August. Yogyakarta: EGC.
- [6] Daziah E. (2020). "Hubungan Antara Dukungan Keluarga Dengan Perilaku Perawatan Hipertensi Yang Dilakukan Oleh Keluarga Di Rumah," *Din. Kesehat. J. Kebidanan dan Keperawatan*, vol. 1.
- [7] Friedman. (2014). *Buku Ajar Keperawatan Keluarga: Riset, teori Dan Praktek*, no. 8. Jakarta: EGC.
- [8] A. P. R. Score. (2014). "Genetic Predisposition to Ischemic Stroke," pp. 1–7, 2016, doi: 10.1161/STROKEAHA.116.014506.
- [9] V. Kurnia & Nataria D. (2021). "Manajemen Diri (Self Management) Perilaku Sehat pada Pasien Hipertensi.," *J. Ris. Hesti Medan Akper Kesdam I/BB Medan*.
- [10] R. Amelia. (2020). "Hubungan Dukungan Keluarga Terhadap Kepatuhan Diet Hipertensi Pada Penderita Hipertensi Di Kelurahan Tapos Depok," *J. Kesehat. Saelmakers Perdana*, 2020, doi: 10.1161/STROKEAHA.111.000396.
- [11] W. Utaminingsih. (2013). "Mengenai dan Mencegah Penyakit Diabetes, Hipertensi, Jantung dan Stroke untuk Hidup Lebih Berkualitas," M. Ilmu, Ed. Yogyakarta.
- [12] Wahyuni, Tri., Parliani dan Hayati Dwiva. (2021). *Buku Ajar Keperawatan Keluarga*. Sukabumi: CV Jejak
- [13] Nita (2018). Hubungan Dukungan Keluarga dengan Kepatuhan Diet Pasien Hipertensi Di Puskesmas Payung Sekaki Pekanbaru. *Jurnal Ilmu Kesehatan* Vo. 6 No. 1 Juni 2018.
- [14] D. Barahama. (2019). "Faktor-faktor yang Berhubungan dengan Keterlambatan Kedatangan Pasien," *J. e-Clinic*, vol. 7, no., pp. 1–6.
- [15] S. J. Ishak. (2021). "hubungan faktor ekonomi dengan keterlambatan keluarga membawa pasien stroke ke igd rsud labuha kabupaten halmahera selatan," *J. Serambi Sehat*, vol. XIV, no. 3, pp. 35–43.
- [16] M. T. N. Rosmary and F. Handayani. (2020). "Hubungan Pengetahuan Keluarga dan Perilaku Keluarga pada

- Penanganan Awal Kejadian Stroke,” *J. Holist. Nurs. Heal. Sci.*, vol. 3, no. 1, pp. 32–39.
- [17] M. S. Mohtar. (2019). “Hubungan Durasi Pertolongan Dengan Tingkat Kerusakan Neorologis Pasien Stroke di RSUD Ulin Banjarmasin,” vol. 10, no. 1.
- [18] R. A. Yuniar Rahmina, Abdurrahman Wahid. (2017). “Tingkat pendidikan keluarga terhadap golden hour pasien stroke di rsud ulin banjarmasin,” *Dunia Keperawatan*, vol. 5, pp. 68–77.
- [19] Astina. (2020). “hubungan antara waktu rujukan dengan tingkat defisit neurologis pada pasien stroke di rsud sultan imanuddin pangkalan bun tahun 2020,” sekolah tinggi ilmu kesehatan borneo cendekia medika pangkalan bun.
- [20] World Health Organization. (2021). “Planning and implementing palliative care services: a guide for programme managers,” in *World Health Organization*, Elsevier.