

Overview of The Quality of Life and Self Management Among Hypertension Patients At The Sidomulyo Health Center, Samarinda City

Wahyuni Dwi Cahya¹, Fanny Metungku^{2*}, Mayusef Sukmana², Khumaidi², Syahrin², Dwi Nopriyanto²

¹Faculty of Medicine, Mulawarman University

²Nursing Departmen, Faculty of Medicine, Mulawarman University

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Corresponding author:

Fanny Metungku

Nursing Departmen, Faculty of Medicine,
Mulawarman University

E-mail : fanymetungku@fk.unmul.ac.id



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Abstract

Introduction: Hypertension or high blood pressure, which many people know, can cause death without complaint and is so dangerous that it has earned the nickname "the silent killer".

Aim: This study aims to identify the description of the Quality of Life and self management in Hypertension patients in the working area of the Sidomulyo Samarinda community health center.

Method: The method used is a survey method with a quantitative approach. Using a consecutive sampling technique, 100 respondents were used in the Sidomulyo Samarinda Community Health Center Working Area. The measuring tool used in this research is the WHO Quality of Life - BREF questionnaire.

Result: The results of research regarding the description of the quality of life in Hypertension Patients show that the majority of respondents have poor Self Management, 88 respondents (88.0%).

Conclusion: The majority of respondents have a poor quality of life which is influenced by the physical health domain.

Keywords: Hypertension, Quality of Life, Self Management

INTRODUCTION

Hypertension is something condition when pressure blood rises steadily not normal because One or more factor risk . If pressure systolic 140 mmHg or more and pressure diastolic 90 mmHg or more, then considered hypertension (Simanullang, 2019) . Various diseases, including hypertension, attack people from all age, especially the elderly age . Pressure blood tall in a way Keep going continuously can endanger heart , kidneys, brain, eyes, and vessels blood in body (Ningsih O, 2022).

World Health Organization (WHO) data for 2015 totaled around 1.13 billion people in the world experience it hypertension . Basic Health Research in 2018 sufferers hypertension in Indonesia is 34.11% with estimation amount case as many as 63,309,620 people, meanwhile death consequence hypertension in Indonesia as many as 427,218 deaths . Amount sufferer hypertension in East Kalimantan Province in 2018 was found as much as 39.3%. There were 11.19% of people diagnosed

hypertension in the city area Samarinda (East Kalimantan Provincial Health Service, 2020). Hypertension can lower quality life somebody related to health or *health related quality of life* (Baroroh et al., 2021) . Disease this can also be done make quality life low Because happen change pattern life , quality life somebody sufferer hypertension will improved If sufferer the can respond illness as well as obedient to undergoing treatment and changing style nor pattern life (Amaliyyah, 2021) .

Quality life is one of descriptive terms about health physical, social and emotional person and ability For carry out activity daily (Wahyuningsih & Astarini, 2018) . Quality life become objective main achieved Health development and is something indicator well-being . Quality life (*Quality Of Life*) is something description about ability somebody in get life worthy relate with view somebody about goals , expectations , standards , and concerns to the life lived with influenced by the values and culture that exist in the environment somebody the stay . Quality life is perception special individual about something health physical , psychological , social and environmental experiences in life daily. Characteristics quality life have a suitable model with situation as well as related implementation with health or disease. So from That evaluation quality alive in the patient Hypertension is very interesting Because quality life have prominent impact happens to well-being somebody (Rahayuningtyas, 2018) .

Quality life a sufferer hypertension occurs in aspects health physical, psychological, relationship social, and environmental Got it a number of research shows decline quality life that is can the occurrence of stress, where stress is sign decreasing quality level life. From the results study about quality life according to (Avelina & Natalia, 2020) is known part big respondents have quality life bad 60% and only few have quality life good 40%. Whereas according to (Barudin, 2021) results The research was carried out at the Community Health Center Tasikmadu Regency Karanganyar No data found with quality life bad , some big show Enough as much as 54.2% and good 45.8%.

OBJECTIVE

This study aims to identify the description of the Quality of Life in Hypertension patients in the working area of the Sidomulyo Samarinda community health center.

METHODS

Research design is descriptive with population patient hypertension in the work area Public health center Sidomulyo . Respondent in this study 100 respondents with technique *consecutive sampling*. Criteria inclusion in research This is diagnosed patients hypertension, meanwhile criteria exclusion is: patient hypertension with disease chronic (stroke, diabetes mellitus , cancer) and patients hypertension who have disturbance speech, hearing and vision. Data collection tools used is recorded data medical as secondary data and the WHO *Quality of Life* - BREF questionnaire consisting of 26 questions contains 4 domains : health physical, psychological, relationship social, as well environment.

RESULTS

The demographic of respondents is shown in table 1 :

Table 1 Demographics of respondents

	Variable	Description	
		amount	%
Age	(17-25) Years	1	1
	(26-35) Years	23	23
	(36-45) Years	24	24
	(46-63) Years	32	32
	(56-65) Years	20	20

Gender	Man	33	33
	Woman	67	67
Education	Not School	6	6
	Elementary	29	29
	Junior High	30	30
	School	24	24
	High School	11	11
Diagnosis of hypertension	College		
	< 5 years	63	63
	≥ 5 years	37	37
Occupation	Doesn't work	8	8
	Housewife	45	45
	Self-employed	39	39
	Farmer	4	4
	Laborer	4	4
Degree of Hypertension	Degree 1	35	35
	Degree 2	49	49
	Degree 3	9	9
	Degree 4	7	7

Table 1 shows that Most _ respondents aged 46-63 years , Mostly respondents manifold Female gender (67%), level education Mostly _ respondents are junior high school (30%), Most respondents diagnosed hypertension < 5 years (63%), some big respondents is Mother House stairs (45%), and Most respondents diagnosed grade 2 hypertension (49%).

Table 2. Distribution Frequency Respondent Based on Quality of Life

Quality of Life	F	%
Good	12	12.0%
Enough	88	88.0%

Table 2 shows that respondents own *Quality of Life* Enough as many as 88 respondents or amounted to (88.0%), and respondents *with quality good life* _ as many as 12 respondents or of (12.0%)

Table 3 Indicators Self Management

Variable		Description	
		amount	%
Physical Health	Good	0	0
	Enough	100	100
psychological	Good	45	45
	Enough	55	55
Social	Good	47	47
	Enough	53	53
Environment	Good	33	33
	Enough	67	67

Table 3 shows evaluation on quality indicators life . From the results study Partial data was obtained respondents has a health domain physically not enough good (100%), sufficient psychological domain not enough good (55%), the social domain not enough good (53%), and the environmental domain is not enough good (67%)

DISCUSSION

In this study, the level of hypertension obtained by the majority of respondents was at grade 2. According to the researchers' analysis, when conducting research in the Sidomulyo Samarinda Community Health Center Working Area, there were still many hypertension sufferers who did not go to the community health center for regular checks to control blood pressure and lacked compliance in taking medication. routinely given by the health center to control blood pressure. This causes many respondents to often experience pain due to increased blood pressure and disrupt daily activities which can affect a person's quality of life.

The results of this study are the results of research conducted by previous researchers. In this study, it was also found that more patients suffered from grade 2 hypertension due to the lack of awareness among sufferers regarding medication compliance to control blood pressure. The study also stated that grade 2 hypertension has a high risk for sufferers experiencing complications up to permanent disability and has an increased risk of disease by 1.75 times. Hypertension mediates various kinds of organ damage caused by structural or functional changes in arterial blood vessels and the organs they supply due to an increase in blood pressure levels, especially in patients with grade 2 hypertension (Jabani et al., 2021)

This research was conducted to see how the quality of life in hypertensive patients is measured using the WHOQoL-BREF questionnaire which has 4 domains (Lionthina et al., 2020). Domain 1 measures a person's level of physical health, with the results obtained in this study that more patients with hypertension had a poor quality of life in the physical health domain of 100 respondents (100.0%). Domain 2 measures a person's psychological level. The results obtained in this study were that patients with hypertension in the psychological domain had more of a poor quality of life, 55 respondents (55.0%). Domain 3 measures how a person's social relationships are, with the results obtained in this study that hypertensive patients had more of a poor quality of life in the social domain of as many as 53 respondents (53.0%). Domain 4 measures the condition of the environment around where a person lives. Results from research conducted showed that more patients with hypertension had a poor quality of life in the environmental domain, 67 respondents (67.0%). Based on the results of research conducted by researchers, it is known that the majority of respondents have a poor quality of life. Of the four domains, the one that contributes the most to poor quality of life is domain 1, namely physical health, this is because some respondents often feel pain which prevents someone from carrying out activities as needed due to lack of compliance with medications that should be taken regularly.

The results of this study are in line with the results of previous research conducted by (Partisia et al., 2022). In his research results, it was found that patients with hypertension had a poor quality of life in domain 1, namely physical health. The physical health domain itself consists of daily activities, pain and discomfort, energy and fatigue, sleep and rest, mobility, dependence on treatment or medication, and capacity to work. A decrease in quality of life can be caused by compliance with medication use and it has been found that management is related to the quality of life of hypertensive patients and a decrease in quality of life shows signs of complications (Kumayas et al., 2022)

CONCLUSION

From the results of research on the description of the quality of life in hypertensive patients, there were 100 respondents with the majority of patients in the physical health domain having a poor quality of life, the majority of patients in the psychological domain having a poor quality of life, the majority of patients in the social domain having a poor quality of life, the majority Patients in the

environmental domain have a poorer quality of life. From the overall results obtained, the majority of patients with hypertension had poor quality of life

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