


Self-efficacy and support from family self-care for individuals with high blood pressure

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Article Info	ABSTRACT
Keywords: Family support, Hypertension, Self-Efficacy, Self-Management	Hypertension is an abnormal and ongoing rise in blood pressure recorded more than once. The purpose of this study is to ascertain how family support and self-efficacy in managing one's hypertension relate to one another. This study used a cross-sectional research design with 245 participants. According to the study, those with high self-efficacy also typically had effective self-management (64.2 %). Regarding poor self-management, the dominant group is less adept at it (57.2 %). The dominant person in the excellent family support variable exhibits good self-management (61.1 %). Less family support results in poorer self-management for the dominating group (57.1 %). According to the chi-square test results, self-efficacy (p-value=0.006) and family support (p-value=0.001) are connected to self-management. In conclusion, patients with hypertension tend to control their condition better themselves if they have strong self-efficacy and family support.
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INTRODUCTION

Hypertension is an abnormal and persistent rise in blood pressure measured multiple times (Gao et al., 2020). One of the things influencing the circulatory system is blood pressure. (Andari et al., 2021; Saputra et al., 2019). This results from one or more risk factors not functioning correctly to keep blood pressure within normal ranges (Lestari, 2021). According to data from the Institute for Health Metrics and Evaluation (IHME), there were 1.5 million fatalities in Indonesia in 2020. The leading causes of death were endocrine disorders and diabetes (33.9%), cancer (9.7%), tuberculosis (5.9%), and cardiovascular disease (36.7%). The Institute for Health Metrics and Evaluation (IHME) also reported that of Indonesia's 1.7 million deaths overall, blood pressure (hypertension) accounted for 23.7% of the risk factors, followed by hyperglycemia (18.4%), smoking (12.7%), and obesity (7.7%). According to data from the Institute for Health Metrics and Evaluation (IHME), there were 1.5 million fatalities in Indonesia in 2016. The leading causes of death were endocrine disorders and diabetes (33.9%), cancer (9.7%), tuberculosis (5.9%), and cardiovascular disease (36.7%). The Institute for Health Metrics and Evaluation (IHME) also reported that of Indonesia's 1.7 million deaths overall, blood pressure (hypertension) accounted for 23.7 % of the risk factors, followed by hyperglycemia (18.4%), smoking (12.7%), and obesity (7.7%) (Sartika et al., 2020).

One of the most frequent cardiovascular illnesses in society is hypertension (Andri et

al., 2021). According to data from the World Health Organization (WHO), in 2015, 1.13 billion people worldwide one in three people have been diagnosed with hypertension. Every year, the number of individuals with hypertension rises. An estimated 10.44 million people die each year from hypertension and its complications, and by 2025, 1.5 billion people worldwide are expected to suffer from hypertension. (Mills et al., 2020). According to Riskesdas data from 2020, the prevalence of hypertension in residents aged 18 years or older was 34.1 %.

Age groups with hypertension were 31–44 years (31.6 %), 45–54 years (45.3 %), and 55–64 years (35.6 %) (55.2 %). It was shown that 33.3% and 13.3%, respectively, of people with a diagnosis of hypertension did not take their medication regularly, based on the 8.8% incidence of hypertension with a history of medication use. This shows that the majority of persons with hypertension do not seek treatment because they are ignorant that they have the illness. (Andri et al., 2021). People with hypertension are capable of good self-management. They require expertise in handling the illness they have. A community nurse-led program for treating hypertension in a family context may offer this step. Families and individuals collaborate to treat and avoid the problems of hypertension (Milani et al., 2021)

The first line of treatment for hypertension patients is lifestyle change, which is intimately linked to nutrition (Andri et al., 2019), within 4-6 weeks, if the blood pressure objective is not met, pharmacologic treatment will be implemented. Therefore, to fulfil the food treatment objectives, you must stay up to date on new guidelines for comprehensive hypertension management each time you educate and counsel patients who are hypertensive or pre-hypertensive. (Anggara & Negara, 2022;Watson et al., 2021).

Education is a crucial component of preventing and controlling hypertension because it provides information that supports health and improves quality of life. However, family support is also necessary to ensure patients receive prescribed therapy (Wahyuni et al., 2021; Chrismilasari & Negara, 2022). There were 211 persons based on hypertension data from the Gambut Community Health Center in 2018. There were 608 persons in 2020; there were 346 in 2019. These figures demonstrate the annual rise of hypertension. According to data on the ten most common ailments at the Gambut Community Health Center in 2020, ISPA ranked first with 985 individuals, followed by arthritis with 745 and hypertension with 608 cases. Data from hypertension patients who visited the Gambut Community Health Center and disobeyed their treatment regimen showed that 38%. According to research by Widyaningrum et al. (2019), The findings revealed a strong correlation (p -value = 0.000) between family support and medication adherence. Results from a study by Harahap et al. (2019) indicated a significant correlation between knowledge and medication adherence (p -value = 0.014). There is a prior study on the topic of hypertension patients managing their condition based on database results, but no studies have connected self-efficacy to self-management.

METHODS

Using proportionate random sampling techniques, 245 hypertension patients from 8 villages in the Gambut Community Health Center's service region participated in this cross-

sectional study. The study's sample inclusion criteria included being a resident of the Gambut Community Health Center's working area, seeking outpatient treatment for hypertension, and being willing to participate in the survey. In this study, family support and self-efficacy are the independent variables, and self-health management in hypertension patients is the dependent variable. Researchers from the Diabetes Self-Management Instrument have adapted the Hypertension Self-Management Behavior Questionnaire (HSMBQ) as the basis for the self-management questionnaire. The ten questions in the HSMBQ cover different facets of managing hypertension independently.

Using a sample of ten individuals, the Banjarbaru Community Health Center examined the validity and reliability of this instrument. The results showed a reliability value of 0.914 and a validity value of 0.632. The test consists of five question items with ten possible answers in English numbers between 1 and 10. This instrument is deemed valid with a validity and reliability score of 0.83 after validation. The Banjarbaru Community Health Center used ten samples to examine the validity and reliability of the twenty questions that make up the family support questionnaire. The reality figures were acquired with accurate and trustworthy results with a validity of 0.804 and a reliability rating of 0.954. No financial rewards or incentives were offered in exchange for participating in this study. Since every research variable is categorical, the chi-square test was used to examine the data. Any variable with a p-value of less than 0.05 is deemed significant.

RESULTS AND DISCUSSION

Table 1 shows the respondents' distribution according to their self-management, self-efficacy, and family support.

Variable	N	%
Good family support	126	51.4
Not enough	119	48.6
High Self Efficacy	109	44.5
Low	136	55.5
Good Self Management	128	52.2
Not enough	117	47.8

Table 1 reveals that 136 respondents had low self-efficacy, and 126 (51.4%) had good familial support from their families (55.5). 128 respondents demonstrated good self-management. 52.2 %.

Table 2. An examination of the connection between family support and self-efficacy for hypertension sufferers managing their own care

	Self Efficacy	Self Management		p-value
		Good	Not enough	
Tall		70 (64.2)	39 (35.7)	0.001
Low		58 (42.6)	78 (57.3)	
Good family support		77 (61.1)	49 (38.9)	0.006
Not enough		51 (42.9)	68 (57.1)	

Table 2 demonstrates that most of the 109 respondents who scored highly on self-efficacy also demonstrated effective self-management (64.2%). The dominant person in the excellent family support variable exhibits good self-management (61.1%).

Discussion

According to the study, respondents 128 had good self-management (52.2 %). The ability to control one's physical and psychological symptoms of chronic hypertension, including dietary adjustments and self-management techniques that prioritize self-efficacy, is referred to as self-management. Preserve a person's quality of life, which entails monitoring their circumstances and affecting their emotional, behaviour, and cognitive reactions (Affida et al, 2022). Blood pressure control in hypertension patients is more successful when it is prioritized through family self-management, combining preventative and promotional measures without discounting therapeutic and rehabilitative measures. (Kurnia et al., 2020). The results of this study follow research by Khomsatun & Sari (2019), who stated that hypertensive patients still find it challenging to manage diet, physical activity, stress, alcohol intake, and smoking habits even though they are aware that they have been diagnosed with hypertension. This is in line with research conducted (Al-Mahdi et al., 2022), which found that there was an influence between family empowerment and the self-efficacy of diabetes patients. Research related to self-regulation shows that respondents fall into the high self-regulation category.

Researchers have found that people with hypertension typically have had the condition diagnosed for a considerable amount of time, so they are familiar with the symptoms, are aware of the reasons why blood pressure fluctuates, and act on their observations. This presumption is reinforced by self-management theory, which claims that beliefs about one's ability to control one's surroundings, internal states, and desired outcomes are among the concepts that facilitate effective self-management. One such belief is perceived control (Cahyani & Kristinawati, 2019). Self-regulation reflects the patient's behaviour through self-monitoring of symptoms and actions based on his observations.

Researchers have discovered methods for identifying poor and good self-management behaviors, observing the behavior of hypertension patients, and assisting patients in changing or adapting their self-management practices by, for instance, realizing self-management goals and knowing what kind of therapy to undergo and what foods to avoid. They offer a catalyst for improving one's thoughts, disposition, and conduct; for instance, by engaging in musical practice or finding ways to unwind and smile, one's heart and soul will transform joyfully. According to the study's findings, the majority of respondents with low self-efficacy were 136 persons (55.5 %).

The average amount of time that hypertensive patients had their hypertension diagnosed also had an impact on their self-efficacy in this study. This is because self-efficacy stems from one's personal experience. Because most respondents had negative experiences, notably when changing their lifestyle, they lacked motivation to lower their blood pressure. Research by Isnaini & Lestari (2018) argues that a person's self-efficacy about medication adherence is positively correlated with the duration of their hypertension diagnosis. In addition, the presence of family members impacts self-efficacy, which is

connected to verbal persuasion the source of self-efficacy. Due to the family's inadequate assistance, the verbal persuasion was not carried out as well as it could have. The majority of responders had hypertension that was not brought on by hereditary risk factors. Because of this, it is challenging for responders to learn about other people's experiences with hypertension. Researchers' observations indicate that self-efficacy beliefs influence blood pressure control, independent of education level and family support.

The findings revealed that 119 respondents had low-income family support, and 126 (51.4%) had good family support (48.6%). Family support is the perspective, deeds, and acceptance of ill individuals. Treatment for hypertension must be ongoing, and receiving social support from others is essential to the healing process. Hanum's 2019 study's findings demonstrated that 18 respondents (52.9%) had strong family support and the degree of medication compliance was. In the meantime, 12 respondents reported having inadequate family support and low levels of medication compliance (54.5 %). Researchers have found that families may assist in controlling the disease by providing strong family support, which includes paying attention to daily meals, physical activity, and stress management.

CONCLUSION

Patients with hypertension tend to control their condition better themselves if they have strong self-efficacy and family support. Patients with hypertension should encourage themselves to take their medicine regularly and make lifestyle changes.

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