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The relationship between self-care management and quality of life of among elderly patients with hypertension

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Abstract

Background: Globally, there are over 703 million elderly individuals aged 60 and above, with 600 million experiencing hypertension and 3 million deaths annually. Effective management of hypertension is crucial to preventing complications, and self-care management is an essential strategy for disease control and management. Good self-care management is achieved when the elderly actively engage in health-supportive behaviors and decision-making. This study aims to explore the relationship between self-care management and quality of life among elderly individuals with hypertension
Purpose: To analyze the relationship between self-care management and quality of life among elderly individuals with hypertension.
Method: This analytical survey research cross-sectional approach. A population of 112 elderly people, a sample of 30 of whom were selected using purposive sampling techniques. The instrument for self-care management was the Hypertension Self-Management Behavior Questionnaire (HSMBQ), and for quality of life, the WHOQOL-BREF was used. Data analysis was conducted bivariately with a chi-square test at the confidence level (α = 0.05).
Results: The results of the study showed that the majority of elderly people had good of spirituality self-care management (18 people) (60%) and high quality of life (16 people) (53,3%). The chi-square test obtained a p-value of 0.001 (<0.05).
Conclusion: For the elderly, it is recommended to maintain a healthy diet, engage in regular physical activity suited to their abilities, take medication consistently, minimize stress, and support groups to help manage their health conditions and improve their quality of life

Keywords: Elldelrly; Hypertension; Quality Of Life; Self-Care Management.

BACKGROUND

Many elderly individuals still fail to fully implement self-care management due to physical limitations, a lack of family support, or financial and social factors. Globally, data indicates that life expectancy increased by more than six years between 2000 and 2019, rising from 66.8 years to 73.4 years. In Indonesia, life expectancy has reached 72.13 years (Statistics Indonesia, 2023). With rising life expectancy, people are now living longer than ever before. This increase has the potential to bring about various consequences—particularly regarding well-being and population growth, that can impact many aspects of life, including health, social support, and housing (Imas Hardiansyah, 2022).

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According to World Population Ageing data, there were over 703 million elderly people globally in 2019, with the figure in Indonesia reaching 25.64 million (9.60%). The elderly are defined as individuals aged 60 and older; they often face various health challenges resulting from the decline of organ function and the body's reduced capacity for self-repair (WHO, 2019). One commonly encountered health issue is hypertension

Hypertension, or high blood pressure, is a condition characterized by persistently elevated arterial blood pressure, with systolic pressure exceeding 140 mmHg and diastolic pressure exceeding 90 mmHg (WHO, 2023). Known as the "silent killer," hypertension often presents no clear symptoms; consequently, if not managed promptly and appropriately, it can lead to serious complications such as heart attack, stroke, or even sudden death. The World Health Organization (WHO) reports that approximately 600 million people worldwide suffer from hypertension, resulting in 3 million deaths annually. In Indonesia, hypertension is the third leading cause of death—following stroke and tuberculosis—with a significant prevalence in North Sumatra province; specifically, the city of Medan recorded 7,107 cases (Ministry of Health of the Republic of Indonesia, 2019).

Efforts to prevent hypertension in the elderly are crucial for maintaining their well-being and longevity. According to research by Akhteir (2010), hypertension management involves five key self-care components: self-integration, self-regulation, interaction with healthcare professionals, blood pressure monitoring, and adherence to treatment regimens. However, in reality, many elderly individuals still lack knowledge on how to manage hypertension effectively. Research by Yustinus (2022) indicates that 92.6% of the elderly possess inadequate knowledge regarding hypertension control, and this limited understanding impacts their adherence to management protocols (Wulandari, 2024). Advancing age leads to a decline in the ability to absorb information, often due to memory deficits or senility (Mujiadi & Rachmah, 2022). Furthermore, the majority of elderly individuals who lack family support demonstrate poor hypertension control behaviors; specifically, many take antihypertensive medication inconsistently or infrequently (Sri Wahyuni, 2023). This aligns with research conducted by Proboningsih (2019) regarding adherence to diet and medication regimens, which found that nearly all hypertensive patients failed to adhere to their diets, and a large proportion did not comply with medication schedules. Furthermore, a study by Ramdya Akbar Tukan (2023) on blood pressure monitoring adherence among elderly patients with hypertension revealed that many did not monitor their blood pressure regularly; specifically, 12 respondents (67%) out of the 16 elderly patients (>65 years old) (89%) failed to do so.

Effective self-management can improve the quality of life—encompassing physical, psychological, and social aspects—for elderly individuals with hypertension. Previous research indicates a significant relationship between self-care management and the quality of life of the elderly, with a correlation coefficient (r) of 0.340 and a significance level (p) of 0.007 ($p < 0.05$) (Kholifah, 2022). This aligns with the study by Ayuningjati (2024), which demonstrated a positive relationship between self-care management and quality of life ($p < 0.05$).

RESEARCH METHOD

The research was an analytical survey. The population consisted of 112 individuals, with a sample size of 30 using a purposive sampling technique. The research instruments instrument for self-care management was the Hypertension Self-Management Behavior Questionnaire (HSMBQ), and for quality of life, the WHOQOL-BREF was used. Data analysis was conducted bivariately with a chi-square test at the confidence level ($\alpha = 0.05$).

The decision-making criteria were as follows: if the p-value is <0.05, there is a relationship between self-care management and quality of life in the elderly; conversely, if the p-value is >0.05, there is no relationship between self-care management and quality of life in the elderly.

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RESEARCH RESULT

Table 1. Frequency Distribution of Characteristics (N=30)

Variabels	Result	p-value
Age (n/%)		
60 – 75	11/36.7	
>76	19/63.3	
Gender (n/%)		
Male	17/56.7	
Female	13/43.3	
Self-care management (n/%)		
Good	18/60.0	0.001
Bad	12/40.0	
Quality of Life (n/%)		
High	16/53.3	
Low	14/46.7	

Characteristics based on age, the majority were >76, as many as 19 people (53.3%), male gender 17 (56.7%), and majority low education 24 people (70.0%). The table above showed that the majority of individuals 18 people (60%) fell into the good category for self-care management. These results indicate that a significant number of elderly individuals are still capable of self-care—such as monitoring their blood pressure—without the assistance of others. Improving quality of life can be achieved through efforts to prevent complications.

Self-care practices are key to maintaining a healthy and fit body. Generally, individuals with hypertension must engage in self-care management, which includes taking medication regularly, reducing salt intake, exercising regularly according to their capabilities, and avoiding stress

Diet significantly influences blood pressure levels; for instance, in a study conducted by Alvita (2018), the majority of elderly respondents (29 or 70.7%) maintained a good diet, while 12 respondents (29.03%) had a poor diet. Furthermore, a higher number of respondents (21 or 51.2%) suffered from mild hypertension compared to severe hypertension.

The results of the study showed that the quality of life of the majority of elderly people was high, as many as 16 people (53,3%). Judging from the characteristics of the respondents, the most influential factor was age. The majority of elderly people (53.3%) were aged >76, which is when physical and cognitive function declines significantly. The better an individual manages their physical activity—combined with lifestyle modifications—the better their quality of life (Kusuma, 2020).

Improving the quality of life for the elderly in this urban village requires adequate interaction and support from their families, as many elderly individuals still do not involve their families in their healthcare. In a study by Nuraeini (2020) regarding the relationship between family support and the quality of life of hypertensive elderly patients at the Balaraja Community Health Center (Puskesmas), the majority of respondents (56.8%) reported a good quality of life, while 43.2% reported a poor quality of life. Similarly, a study by Pradina et al. (2022) found that all elderly participants received good support (100%) and nearly all respondents (94.3%) had a good quality of life.

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DISCUSSION

The results of the bivariate analysis in this study indicate a significant relationship between self-care management and quality of life for the elderly with a p-value of 0.001 (<0.05). Research findings indicate that the better the self-care management practiced by elderly individuals with hypertension, the higher their perceived quality of life. This demonstrates that the ability to recognize symptoms, make appropriate decisions, adhere to correct medication regimens, maintain a proper diet, engage in regular exercise suited to one's capabilities, and monitor blood pressure contributes to improving the quality of life for the elderly.

This is supported by study findings indicating that the quality of life of elderly individuals with hypertension is determined by self-efficacy, self-care management, and adherence to the prescribed treatment regimen (Prabasari, 2021). Effective self-management can improve the quality of life for hypertensive patients by minimizing the symptoms of the condition (Ayunigjati et al., 2024). This research aligns with a case study conducted by Sagala & Sinaga (2023), which found a positive and substantial relationship between self-care management and the quality of life of hypertensive patients. It is further supported by research from Elfriani et al. (2023), which concluded that self-care management has a significant relationship with the quality of life of hypertensive patients (p-value = 0.009; $p < 0.05$).

Efforts to prevent hypertension in the elderly are crucial for maintaining their well-being and longevity. According to research by Akhteir (2010), hypertension management involves five key self-care components: self-integration, self-regulation, interaction with healthcare professionals, blood pressure monitoring, and adherence to treatment regimens. However, in reality, many elderly individuals still lack knowledge on how to manage hypertension effectively. Research by Yustinus (2022) indicates that 92.6% of the elderly possess inadequate knowledge regarding hypertension control, and this limited understanding impacts their adherence to management protocols (Wulandari, 2024). Advancing age leads to a decline in the ability to absorb information, often due to memory deficits or senility (Mujiadi & Rachmah, 2022). Furthermore, the majority of elderly individuals who lack family support demonstrate poor hypertension control behaviors; specifically, many take antihypertensive medication inconsistently or infrequently (Sri Wahyuni, 2023). This aligns with research conducted by Proboningsih (2019) regarding adherence to diet and medication regimens, which found that nearly all hypertensive patients failed to adhere to their diets, and a large proportion did not comply with medication schedules. Furthermore, a study by Ramdya Akbar Tukan (2023) on blood pressure monitoring adherence among elderly patients with hypertension revealed that many did not monitor their blood pressure regularly; specifically, 12 respondents (67%) out of the 16 elderly patients (>65 years old) (89%) failed to do so.

CONCLUSION

Based on the research findings, it is concluded that there is a relationship between self-care management and the quality of life of elderly individuals with hypertension; the better the self-care practiced by the elderly, the higher their perceived quality of life. For the elderly, it is recommended to maintain a healthy diet, engage in regular physical activity suited to their abilities, take medication consistently, minimize stress, and support groups to help manage their health conditions and improve their quality of life

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