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Original Research

Community Models As Partners Effective To Increase The Quality Of Life Of Hypertension Patients

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ABSTRACT

Background: *Quality of life is still the main problem determining hypertensive patients' recovery, where it is found that the quality of life is still low. Community models as partners in intervention strategies are urgently needed to increase the quality of life.*

Methods: *The design of this study was quasi-experimental. The population is 60 people with hypertension with simple random sampling. The total sample is 60 people divided into two groups: the treatment group, 30 people given caring-based supportive educative intervention, and 30 people in the control group given pamphlets about hypertension.*

Results: *Based on research based on the Wilcoxon test, the quality of life score in the intervention group after the intervention was provided, namely p = 0.000, and based on the Mann-Whitney test, the quality of life score in the control group and treatment group after the intervention was given, namely p = 0.002. The results of this study showed that community as a partner model intervention was effective in improving the quality of life of hypertensive patients.*

Conclusion: *The community model as a partner model intervention has an effect on the quality of life of hypertensive patients.*

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INTRODUCTION

Hypertension is a public health problem in Indonesia, and hypertension is the most common risk factor for cardiovascular disease. Hypertension is the biggest risk factor that can cause premature death (Kemenkes RI Dirjen P2P, 2020). In the era of globalization and modernization, there is a tendency to change lifestyles which can lead to several risk factors that can increase the prevalence of hypertension every year (Faulkner & Belin de Chantemèle, 2020).

Hypertension is associated with quality of life, where the quality of life is worse on the dimensions of physical and environmental health (Suprayitno & Sumarni, 2020). Quality of life consists of physical, social, psychological, and environmental activities. The problem of the quality of life of hypertension is related to the research results,

which state that the quality of life of people with hypertension is still primarily poor, so a strategy is needed to help health workers.

The public to find out as early as possible the cause of hypertension (Sarzyńska et al., 2021). Based on the Sumenep District Health Office, in 2020, there were 253,426 hypertension sufferers, and in 2021 there were 2004,783 hypertension sufferers (Suprayitno & Damayanti, 2020). Based on the results of initial data on December 20, 2021, in the Pragaan Region, five people with hypertension said they still did not know in detail about hypertension and self-care at home.

They checked their health at the Puskesmas if they felt dizzy. They also said that so far hypertension he suffered harmed his life, including physical, emotional, and social aspects of daily life. At the same time, the family environment and psychological health were the most influential aspects for the subject and family.

If not treated, a lack of knowledge in patients with hypertension will cause complications, including heart disease, stroke, and kidney disease, which can worsen health problems. If balanced with bad lifestyle habits, it will cause long hypertension sufferers and can reduce the quality of life (M. Zhang, Wu, et al., 2021). Ambarasan, (2015) suggests that hypertension can influence a person's social and quality of life. Risk factors for hypertension will decrease if a person improves the quality of life, including physical, social, environmental, and psychological activities (Snarska et al., 2020).

The decrease in blood pressure in patients with hypertension has an impact on improving the quality of life, which includes physical, psychological, social, and environmental activities. Especially if someone already knows about hypertension, follow the recommendations of health workers and other therapeutic activities. The better a person's knowledge of something, the better the behavior he shows (Suprayitno et al., 2021).

The local Health Office's various efforts have not fully yielded promising results in preventing and treating hypertension (Legido-Quigley et al., 2019). That's what motivated the researchers to do this research, considering that researchers are still lacking, especially in the working area of Pragaan Health Center. Thus, it is necessary have a nurse's role as an educator to be able to provide knowledge that allows patients to make choices and motivate clients (Blackwood et al., 2019).

In addition to the above, nurses also play a role in updating individuals, families, and groups, especially in increasing knowledge & changing lifestyles related to improving and maintaining health (Hwang & Kuo, 2018). The role of health workers needed to overcome the problems of the elderly in the community is community nurses. Community nursing aims to improve and maintain health and provide assistance by carrying out nursing interventions as a basis of expertise to help individuals, families, groups, and communities overcome various nursing problems faced in daily life (Abdi et al., 2019).

Community nurses can perform their roles as nursing care providers, educators, consultants, patient advocates, consultants, coordinators, and researchers (Prabasari, 2021). The model that can be applied in community nursing care is the community model as a partner. The community model as a partner is used as a guide for the nursing process in assessment, data analysis, diagnosis, intervention, implementation, and evaluation (Pakpahan et al., 2020).

Community implementation consists of three prevention levels: primary, secondary, and tertiary. The focus of this model is to make the community a partner

characterized by a community assessment wheel by uniting community members as the core and applying the nursing process as an approach (Mubarak et al.,2020). Researchers use this model because it can provide appropriate interventions based on problems for research respondents.

Previous studies have also been carried out, namely the health belief model and the cognitive therapy model, as an effort to improve the quality of life in patients with chronic diseases (Kurniawan et al., 2020)

MATERIALS AND METHOD

The purpose of this quantitative study with a quasi-experimental design is to assess the effectiveness of the community model as a partner for self-care and quality of life of hypertension patients at the Pragaan Public Health Center in Sumenep Regency. A quasi-experimental research design seeks to reveal a causal relationship by involving the control and experimental groups. This study included all patients with hypertension without complications who were seen at the Pragaan Health Center in March 2021, a total of 153 people.

The number of samples in this study was 60 people with simple random sampling, which was divided into two groups. The first group was given a community-model intervention as a partner. And the control group was only assigned leaflets about hypertension. On the first Sunday of the first meeting, the researchers gathered 30 respondents and conducted counseling related to hypertension and the importance of adherence to hypertension treatment.

The first meeting was followed by a second meeting the following week. Conduct blood pressure checks. Review again the issues associated with hypertension and the importance of medication adherence. Week two Third meeting: Advice to continue taking medicines consistently and obediently during the program.

Explain hypertension gymnastics (benefits and movements), demonstrate hypertension gymnastics, instruct respondents to participate in hypertension gymnastic movements, and do gymnastics together for >15 minutes. Motivates people to always take hypertension medicines that are owned and encourages repeating hypertension exercise at home. Fourth meeting: reviewing hypertension exercises and doing joint exercises, explaining progressive muscle relaxation exercises (benefits and movements).

Encourage the elderly to take part in progressive muscle relaxation exercises. Do gymnastics together for >15 minutes. Motivate yourself to repeat advanced muscle relaxation exercises at home. On the third week of the fifth meeting: check blood pressure. Ask again if you have taken medicine according to the scheduled time.

Advise respondents to participate in hypertension gymnastic movements and do gymnastics together for 20 minutes. Do progressive muscle relaxation exercises for 15 minutes. After the activity ends, the executor reminds the elderly to always take their hypertension medication according to the medication schedule.

Suggest repeating hypertension exercises at home. Sixth meeting: doing hypertension exercises together for 20 minutes, doing progressive muscle relaxation exercises together for 15 minutes. Motivates you to repeat hypertension exercises and progressive muscle relaxation exercises at home. Do a blood pressure check. Week Four Seventh meeting: coordination with cadres to encourage the elderly to do hypertension exercises for 25 minutes 2-3 times per week, and 15 minutes of progressive muscle relaxation exercises. 2-3 times a week at home.

Suggests that if you forget the movement, you can look back at the pictures of the movements that were previously shared. Motivate to always maintain the time to take hypertension medication consumed. Eighth meeting: Continuing the exercise program and performing progressive muscle relaxation exercises. Final evaluation of blood pressure and medication adherence Post-test measurement of quality of life was carried out in the fourth week after the intervention was completed.

RESULTS

Based on table 1, the average quality of life score before the given community as a partner model intervention was 81,3±12 and the quality of life score of the control group after the given community as a partner model intervention was 81,4±11,7.

Table 1. Differences in the mean Quality of Life scores before and after Community-based supportive educative interventions in the control group

Variable	Score	Mean	SD	P-value
Selfcare	Pre	81,3	12	0,415
	Post	81,4	11,7	

The results of the Wilcoxon signed rank test quality of life score, p=0,415 means that there is no significant difference in the quality of life scores in the control group before and after given community as a partner model intervention in the control group.

Table 2. Differences in the mean Quality of Life scores before and after Community-based supportive educative interventions in the intervention group

Variable	Score	Mean	SD	P-value
Selfcare	Pre	81,4	9,8	0,000
	Post	89,3	7	

Based on table 2, the intervention group's average quality of life score after the given community as a partner model intervention was 81,4±9,8 and the quality of life score of the intervention group after the given community as a partner model intervention was 89,3±7. The results of the Wilcoxon signed rank test quality of life score, p=0,000 means that there is a significant difference in the quality of life scores in the intervention group before and after given community as a partner model intervention in the intervention group.

Table 3. Differences in the mean Quality of Life scores befrore Community-based supportive educative interventions in the control groups and intervention group

Variable	Score	Mean	SD	P-value
Selfcare	Pre	81,3	9,8	0,963
	Post	81,4	7	

Based on table 3, the average quality of life score of the control group and intervention group after giving community as a partner model intervention was 81,3±12 and the quality of life score of the intervention group after giving community as a partner model intervention was 81,4±9,8. The results of the Mann-Whitney test quality of life score, p=0,963 mean there is no a significant difference in the quality of life

scores in the control group and intervention group after giving community as a partner model intervention.

Table 4. Differences in the mean Quality of Life scores after Community-based supportive educative interventions in the control groups and intervention group

Variable	Score	Mean	SD	P-value
Selfcare	Pre	81,4	9,8	0,002
	Post	89,3	7	

Based on table 4, the average quality of life score of the control group and intervention group after giving community as a partner model intervention was 81,4±11,7, and the quality of life score of the intervention group after giving community as a partner model intervention was 89,3±7. The results of the Mann-Whitney test quality of life score, p=0,002, mean a significant difference in the quality of life scores in the control group and intervention group after giving community as a partner model intervention.

DISCUSSION

The results of the Mann-Whitney test quality of life score, p = 0,963, mean there is no significant difference in the quality of life scores in the control group and intervention group after giving community as a partner model intervention. Hypertension can influence a person's socioeconomic life and quality of life, concluding that there is a relationship between hypertension and quality of life (M. Zhang, Zhang, et al., 2021). Quality of life is an individual's perception of his position in life in the context of the culture and value system in which the individual lives and the relationship to goals, expectations, standards, and desires.

This concept is combined with various ways a person gets physical health, psychological state, level of independence, social relationships, and relationships with the surrounding environment (Tripathi, 2018). As a result, the quality of life has an interconnected relationship between each dimension to form a good overall quality of life. According to Grivet T et al., (2017) their research shows a relationship between hypertension and quality of life.

In this study, the focus of attention on hypertensive patients includes physical, psychological, social, and environmental activities. Poor physical quality can affect work quality, affecting the ability to meet daily needs. In terms of environmental quality, the illness can cause a greater financial burden, especially if the respondent does not have health insurance.

This will burden and indirectly affect the respondent's ability to fulfill other needs (H. Zhang et al., 2019). Environmental quality is also influenced by the availability of information, health facilities, and a clean and adequate home environment. Counseling, which should be done on a regular basis, can provide information. Health facilities and easy access to them make it easy for respondents to control their illness so that it indirectly affects their physical and psychological quality.

Quality of Life in Hypertensive Patients After the community model as a partner intervention between the control group and the intervention group. The results of the Mann-Whitney test quality of life score, p = 0,002, mean a significant difference in the quality of life scores in the control group and intervention group after giving community as a partner model intervention. Physical health includes activities of daily living,

dependence on drugs and medical assistance, energy and fatigue, mobility (a state of being easy to move), pain and discomfort, sleep and rest, and work capacity.

Physical health can affect an individual's ability to perform activities. Activities carried out by individuals will provide new experiences, which are developmental capital to the next stage. This study's results align with Ditha Astuti Purnawati, (2018) that the educational, supportive intervention had a better effect on the quality of life in the intervention group than in the treatment group. According to Duma L Tobing, (2019) in his research results, supportive educative interventions have an effect on the quality of life seen from the physical and psychological domains.

Caring is the foundation of nursing, with the main focus being the relationship between nurse and patient. Caring is also a fundamental human nature to help, pay attention to, take care of, provide assistance, and provide support to others (clients). Caring is a trait or behavior that must be instilled in nurses. That way the client will feel cared for, and given comfort, as well as security. So it can help speed healing.

The results of this study are in line with the research (Habsari, D.O., Heru, S., & Sri, 2014). The study concluded that there was a significant relationship between physical activity and quality of life. Physical activity, such as regular exercise, can increase life expectancy for a longer period of time.

In addition, it can lower blood pressure in people with hypertension and prevent complications such as the risk of stroke. Beta-endorphins will be released by someone who does physical activity so that it can bring pleasure and relieve stress. In increasing physical activity, education is needed, one of which is with a supportive educative intervention method consisting of teaching, guidance, and counseling so that it helps increase physical activity in daily life so that the patient's quality of life also increases.

In the research of Ni Luh Putu Sekardiani, (2019) it was found that the quality of life in the psychological domain was in the high category. The psychological aspect is related to the mental state of the individual. The mental state refers to whether or not the individual can adapt to various developmental demands according to his abilities, both from within and outside.

Psychological aspects are also related to physical characteristics, where individuals can perform an activity well if the individual is mentally healthy. Psychological well-being includes bodily image and appearance, positive and negative feelings, self-esteem, spiritual, religious, or personal beliefs, thinking, learning, memory, and concentration (Darmawan & Sudiro, 2020). Supportive therapy is a beneficial strategy that plays an essential role in improving the respondent's quality of life.

The purpose of the supportive educational intervention is to help respondents enhance their quality of life and provide support and strength to adapt and maintain their lives with hypertension through a supportive educational system consisting of guidance, teaching, and support. To increase the quality of life in patients with hypertension, it is stated that psychological, physical, social, and environmental dimensions have a very significant relationship with hypertension (Matovu & Wallhagen, 2020). To improve the quality of life in the psychological domain, there are several factors, including supportive educational education based on caring for people with hypertension so that it builds communities to further improve the quality of life by avoiding stress and avoiding negative thoughts so that patients always think positively and calmly, which affects the quality of life (Matovu & Wallhagen, 2020).

Quality of life in the psychological domain. In her research Ajeng Apriyanti, (2015) found in his study that the quality of life in part three of social relations is in a suitable category. Aspects of social relations, namely the relationship between two or more individuals where the behavior of these individuals will mutually influence, change, or improve the behavior of other individuals (Cheng et al., 2020)

CONCLUSION

There is no significant difference in the quality of life scores in the control group before and after receiving community as a partner model intervention in the control group, a significant difference in the quality of life scores in the intervention group before and after receiving community as a partner model intervention in the intervention group, and a difference in the quality of life scores in the control group and intervention group after receiving community as a partner model intervention in the intervention group.

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