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Promotion of Information Reception Readiness for Ineffective Health Management in The Community with Hypertension

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Abstract

Introduction: Hypertension is a cardiovascular disease in the heart and blood vessels and a serious health problem worldwide. This condition can be characterized by systolic blood pressure ≥ 140 mmHg and diastolic blood pressure ≥ 90 mmHg. An unhealthy lifestyle and a deficit of information account for most of the elements that cause hypertension, and problems arise with ineffective health management. **Objective:** This study aims to determine the description of community nursing care with Ineffective Health Management: Hypertension in the community of neighborhood 03 in Jumerto Village. **Method:** This study uses descriptive analysis with a total sampling of 33 samples. Data were collected using a DASH questionnaire, which was carried out before and after the intervention. Data analysis used the Wilcoxon test, with the research results showing a p-value. **Result:** The results of the intervention showed that there was a significant difference in systolic and diastolic blood pressure before and after the intervention with a significance level (p-value< 0.05), and there is an increase in health education about the hypertension diet with a p-value of 0.000 (p value< 0.05). **Conclusion:** Health education interventions and demonstrations of giving bay leaf decoction drinks as non-pharmacological therapy can overcome the problem of ineffective health management nursing.

Keywords: Community health, Health management, Health promotion, Hypertension,

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1. BACKGROUND

Hypertension is one of the non-communicable diseases (NCDs) and is a major problem in the health sector. It continues to increase yearly, even though preventive and promotive measures have been widely implemented (Ekarini et al., 2020). Hypertension is also often referred to as "the silent killer" because this disease often does not cause noticeable symptoms, so sufferers may not realize that they are suffering from this condition until complications occur (Emery et al., 2022). Hypertension still often occurs in

adulthood. Adults are a risk group that is susceptible to hypertension because as age increases, the body's abilities decrease, and the need to implement an unhealthy lifestyle (Ekarini et al., 2020).

Over 30% of adults globally suffer from hypertension, according to the World Health Organization (WHO, 2023). The Ministry of Health of the Republic of Indonesia (2019) reports that the prevalence of hypertension throughout Indonesia is 34.1%. However, it is around 36.32% in East Java Province and 10.33% in Jember Regency. With a 39.18% prevalence rate, Jember Regency is among the regencies with the third-highest rate of hypertension in the Province of East Java (East Java Health Office, 2021). Based on adult age groups, the prevalence of hypertension is as follows: 31.6% for those aged 34-44 years, 45.3% for those aged 44-45 years, and 55-64 years for those aged 55.2% (Ministry of Health of the Republic of Indonesia, 2019).

Data from the Banjarsengon Health Center in December 2023 indicated that 125 residents of Jumerto Village had high blood pressure. Conversely, during the June 2024 Posbindu events at Jumerto Village's, it was discovered that 33 individuals (66%) had high blood pressure. According to the findings of the health screening conducted as part of the Posbindu activities and the problem assessment conducted on the adult population in the neighborhood 03 of Jumerto Village, 33 persons had blood pressure readings greater than 140/90 mmHg. Based on the screening results, it was also discovered that 69.7% of the residents had a family history of hypertension, 54.5% of the residents engaged in little physical activity, 75.8% of the residents habitually consumed foods high in salt, and only 18.2% of the numerous residents who had hypertension received special treatment for their condition.

One of the causes of hypertension is due to a lack of knowledge about hypertension (Suirvi et al., 2022). Knowledge is the result of a person's learning, which, when applied in everyday life, can change behavior and behavior, such as adopting a healthy lifestyle for those who suffer from hypertension. Knowledge dramatically influences a person's behavior. The more often a person is exposed to information, the greater the knowledge they will get about health. Knowledge will form certain beliefs that ultimately influence a person's behavior according to their beliefs (Rincón Uribe et al., 2021). Aside from knowledge, risk

factors that might impact people's lives and raise the occurrence of hypertension include unhealthy behaviors like stress, caffeine, alcohol, smoking, obesity, and food (Hamri et al., 2020).

So, with these problems, nursing problems arise in the form of ineffective health management, which shows that the community has shortcomings in managing and integrating the handling of health problems such as hypertension into everyday life to achieve the expected health status (PPNI, 2018). Therefore, efforts are needed to improve public knowledge and lifestyle regarding health (Suirvi et al., 2022). Efforts to deal with hypertension incidents can be made through information readiness promotion interventions (I.12470). This aims to address health problems, namely hypertension, and incorporate healthy daily habits in order to achieve the expected health status (PPNI, 2018). These activities include providing information about hypertension in the form of health education. Health education is a planned opportunity to learn through the provision of information from health workers that influences the process of changing human behavior (Suirvi et al., 2022). Health promotion through the media can increase control and change behavior to improve public health (Ghahramani et al., 2022). Health promotion media used to display information can be in the form of leaflets and posters, which are expected after receiving this information; the community can form healthy daily patterns or habits in controlling hypertension (PPNI, 2018).

2. METHODS

This case study uses a nursing care approach that includes assessment, diagnosis, intervention, and evaluation, and it uses a descriptive-analytical research design in the management domain. Data was collected in the neighborhood 03 Jumerto Village, Patrang District, Jember. The research sample consisted of 33 people with hypertension, taken using non-probability sampling with total sampling. The research instrument (tensiometer) consisted of a questionnaire on respondent characteristics, namely gender, age, education, genetic history, smoking habits, excessive salt consumption, use of hypertension medication, and physical activity, as well as a knowledge questionnaire with 23 questions about hypertension diet and hypertension diet. Data analysis included a data normality test, a Wilcoxon nonparametric test to evaluate differences between two groups of

paired data, and a descriptive analysis of respondent characteristics.

3. RESULTS

The results obtained in the study were the characteristics of respondents with hypertension, blood pressure measurement screening, hypertension risk factors, knowledge of the DASH Hypertension Diet, and differences in blood pressure of respondents before and after the implementation of bay leaf decoction.

Table 1. Distribution of characteristics of respondents suffering from hypertension (n= 33)

Respondent characteristics	Frequency (n)	Percentage (%)
Age	Median (Min-Max)	53 (40 - 60)
Gender		
Male	2	6.1
Female	31	93.9
Education		
Elementary	28	84.8
High School	5	15.2
Genetic History		
Yes	23	69.7
No	10	30.3
Smoking Habbit		
Yes	2	6.1
No	31	93.9
Excessive salt consumption		
Yes	25	75.8
No	8	24.2
Consumption of hypertension medication		
Yes	6	18.2
No	27	81.8
Physical activity		
Yes	18	54.5
No	15	45.5

Table 1 shows that 31 responders were female, or 93.9%. The median age of the respondents was 53 years, with a minimum value of 40 years and a maximum value of 60 years. Elementary School education accounted for the majority of respondents' levels of education, comprising 28 individuals (84.8%). Based on hypertension risk factors, the majority of respondents experienced hypertension due to a genetic history of hypertension, as many as 23 people (69.7%). While the smoking habit was 6.1%, excessive salt consumption was 75.8%, and hypertension sufferers who took hypertension medication were 18.2%. Moreover, 54.5% of the majority of respondents did very low physical activities.

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Table 2. Blood Pressure Measurements in Adults Aggregate with Hypertension (n = 33)

Systolic blood pressure	Frequency (n)	Percentage (%)
Pre-hypertension	-	-
Hypertension Stage-1	20	60.6
Hypertension Stage-2	13	39.4
Diastolic blood pressure	**Frequency (n)**	**Percentage (%)**
Pre- Hypertension	-	-
Hypertension Stage-1	22	66.7
Hypertension Stage-2	11	33.3
Measurement	**Mean (SD) (mmHg)**	**Min - Max**
Systolic blood pressure	154.8 (10.64)	140 - 180
Diastolic blood pressure	93.3 (4.78)	90 -100

Table 2 shows the adult population with Grade I Hypertension (Systolic 60.6% and Diastolic 66.7%), which is the most hypertensive. According to the findings of blood pressure measures, the average blood pressure of 33 adults in the adult aggregate who experience hypertension is 154/93 mmHg.

Table 3. Respondents' Knowledge Before and After Health Education about the DASH Diet for Hypertension (n = 33)

Variable	Median (Min-Max)	Mean (STD)	P-Value
Knowledge Before Health Education	11.00 (3.0-15.0)	10.15 (3.317)	0.000
Knowledge After Health Education	15.00 (13-15)	14.88 (0,415)	

Table 3 shows that the post-test results showed an increase in 33 respondents who had received health education about the hypertension diet compared to the pre-test. A Wilcoxon test value was obtained with a significance p-p-value of 0.000, indicating that the hypertension diet significantly increased respondents' knowledge.

Table 4. Differences in Systolic and Diastolic Blood Pressure Results Before and After Implementation of Decoction of Bay Leaf Drink (n= 33)

Variable	Before		After		P-Value
Blood Pressure	Median	(Min – Max)	Median	(Min – Max)	
Systolic	150	(140 - 180)	120	(100 - 130)	0.000
Diastolic	90	(90 - 110)	80	(70 - 90)	

Table 4 showed the median blood pressure significantly decreased before and after using bay leaf decoction. At a significance level ($p < 0.05$), the p-values for the systolic and diastolic blood pressures are 0.000 and 0.000. This demonstrates that the blood pressure's systolic and diastolic values differed significantly before and after the intervention.

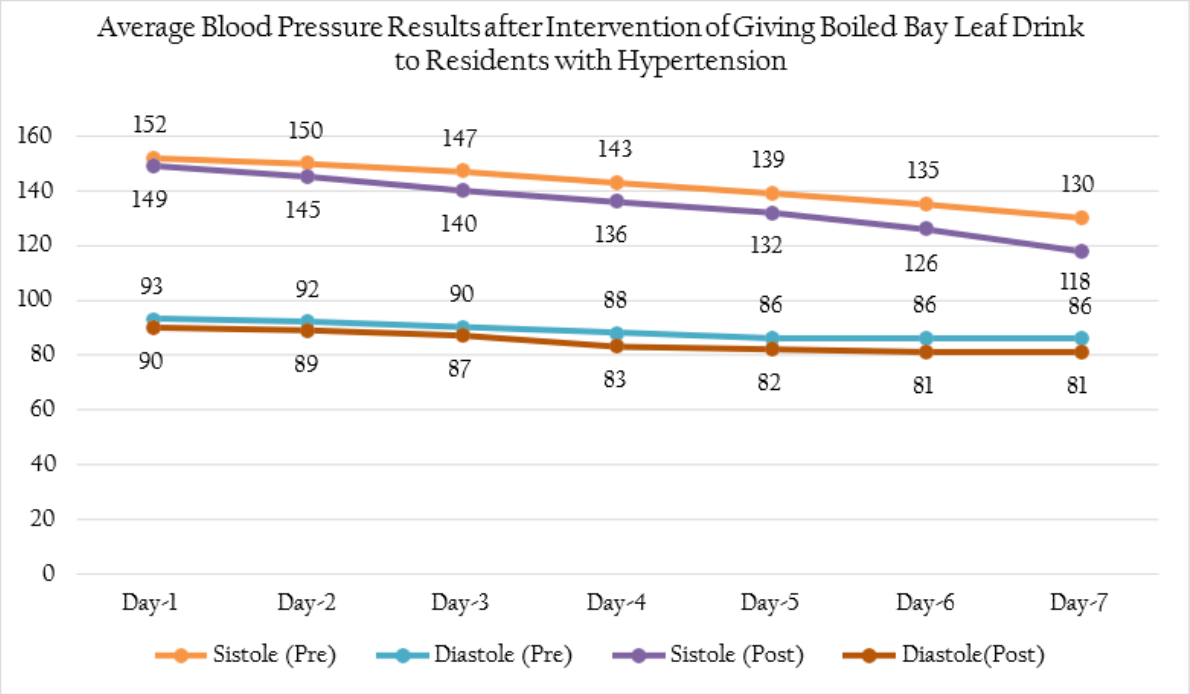

Figure 1. Results of Implementing Boiled Bay Leaf Drink for 7 Days

Figure 1 shows the average blood pressure readings before and after the bay leaf decoction intervention was administered. This blood pressure reading was taken in the morning and afternoon. The study findings indicate that the average systolic blood pressure decreased from 152 mmHg to 118 mmHg following a 7-day bay leaf decoction intervention. The findings also revealed that the mean or average value of diastolic blood pressure was 93 mmHg before the intervention and decreased to 81 mmHg following the application of bay leaf decoction. The study's findings show that giving bay leaf decoction intervention to hypertension patients for seven days reduced their blood pressure, with a mean value on the final day decreasing from 152/93 mmHg to 118/81 mmHg.

4. DISCUSSION

According to the findings of the Community As Partner (CAP) research conducted in the Jumerto Village, Patrang District's, hypertension was identified as the primary health issue among the adult population, with an average age of 52 years. These findings support the research of Ekarini et al. (2020), which found that the prevalence of hypertension rises with age. Her research revealed that 28 respondents, or middle-aged individuals between the ages of 41 and 65, had hypertension.

The majority of respondents in this study were female, with a percentage of

93.9%. This is because women are at higher risk of experiencing hypertension due to hormonal factors, namely estrogen, which can be a predisposing factor (Ekarini et al., 2020). The results showed that health management was ineffective in neighborhood 03 of Jumerto Village in terms of values and beliefs, health and social services, physical environment, economy, and education. Most of the last education in the neighborhood 03 area in Jumerto Village was elementary school (84.8%). Someone who has a low education does not necessarily have the wrong understanding and attitude about hypertension because access to information is difficult and limited (Bhandari et al., 2021).

Based on the research results, the aggregate of adults who experience hypertension the most is grade 1 hypertension (Systolic 60.6% and Diastolic 66.7%). This is by the research of Suci and Nurhayati (2020) that the majority of people experience grade I hypertension with a percentage of 26.5%. Screening activities have been proven effective in detecting cases of hypertension early, which can determine further treatment and diagnosis (Bhandari et al., 2021). Hypertension screening in the community detects new cases and manages hypertension, starting with education, care, and treatment.

Activities for screening for hypertension are also conducted in order to identify the risk factors that affect the development of hypertension. The primary factor contributing to the consequences of degenerative diseases and, ultimately, to death is a lack of knowledge about the management of hypertension. The absence of community involvement in health screening programs is the reason for the low level of public compliance and awareness of measures to prevent and treat hypertension. Patients struggle with acknowledging the illness and for problems to arise (Parati et al., 20242).

Based on the description above, the researcher believes that implementing this screening is very important to detect hypertension as early as possible so that appropriate intervention can be provided.

Based on the study results, most respondents experienced increased knowledge about hypertension diets. Providing information through leaflets about the DASH diet significantly impacts public knowledge. This finding aligns with research by Hikmandayani et al. (2024), which found increased public knowledge and attitudes about hypertension after being given health education. This aligns with Yulanda's (2021) research, which

demonstrated a noteworthy distinction between the pretest and posttest outcomes after a hypertension diet education intervention with a p-value <0.05. In addition, research by Suprayitna (2023) also found a noteworthy rise in participants' understanding of the DASH diet for those with hypertension following an educational intervention.

Knowledge is the main factor that drives someone to behave. Providing counseling is hoped that public health behavior can change to support blood pressure control in people with hypertension. In addition, health education also plays a role as a preventive measure for individuals at risk of experiencing hypertension (Solikhah et al., 2023).

Based on the description above, the researcher assumes that health education about the DASH diet can increase respondents' knowledge and awareness of their health conditions and positively impact the health management of hypertension sufferers. The researcher also assumes that this health education provides knowledge to the community so that they can understand how to manage hypertension independently and reduce the risk of complications in hypertension sufferers.

From the study results, most respondents experienced decreased blood pressure after implementing boiled bay leaf drinks for 7 days. The latest research shows that boiled bay leaf water therapy can lower blood pressure (Nurtanti & Susana, 2022). Giving boiling bay leaf water to hypertensive patients is beneficial in lowering their blood pressure, according to research by Nurtanti & Susana (2022) (Nurtanti & Susana, 2022). Additionally, Alfaini's research from 2023 revealed that boiling bay leaf water for seven days had a p-value of 0.000 <0.05 on blood pressure in hypertensive individuals in Cisande Village.

The bay leaves contain compounds such as essential oils (lemongrass, eugenol), tannins, and flavonoids, which have antihypertensive properties for individuals with high blood pressure. The chemical compounds in bay leaves stimulate bile production so cholesterol can be excreted with bile into the intestines. In addition, bay leaves also stimulate blood flow to the blood vessels, which helps reduce fat accumulation (Rochmah, 2024). According to research conducted by Rochmah (2024), Bay leaves contain chemical substances called flavonoids. Flavonoids, like quercetin, have several actions that assist in controlling blood pressure, lessen oxidative damage to the body, and repair damage to organs brought on by high blood pressure. These

actions include vasodilators, antiplatelets, and antiproliferatives. In general, flavonoids can lower the risk of stroke and heart attack (Rochmah, 2024).

Researchers argue that because bay leaf plants are often found around us and have various benefits to help lower blood pressure, it is hoped that using bay leaf decoction can be an alternative in non-pharmacological hypertension treatment. Thus, researchers assume that the community can also use bay leaf decoction to control hypertension in groups at risk of hypertension. Bay leaf decoction has been shown to affect blood pressure in hypertension sufferers.

Nursing interventions implemented in the adult aggregate community in neighborhood 03, Jumerto Village, promote readiness to receive information (I.12470). Promotion of readiness to receive information interventions includes observation, therapeutic, and educational actions emphasizing primary, secondary, and tertiary prevention in health education strategies. Observation actions are in the form of hypertension screening interventions included in secondary prevention by identifying hypertension health problems in the community in the form of hypertension screening activities and hypertension risk factors.

Informational therapies take the form of health education, a primary prevention component. Encouraging the neighborhood 03 community to satisfy its health needs by providing health information on hypertension through activities aimed at educating the public about the condition and offering the DASH diet to those who suffer from it. By preparing the community to collaborate and work together in meeting health needs through educational activities and demonstrations of bay leaf decoction as an antihypertensive drink, therapeutic and educational actions in the form of interventions in the form of drinks are included in tertiary prevention. If someone can maximize their readiness to receive information, they will be able to maximize other intervention processes that will be provided, such as health education. If someone is ready to receive information, the health education about hypertension provided will be easily understood by the aggregate target, which can increase aggregate knowledge of hypertension, which can later have an impact on attitudes towards preventing and treating hypertension can certainly make aggregate health management effective (Sodeinde et al., 20213).

5. CONCLUSION

The results of the community nursing assessment on adult aggregates with hypertension of 33 respondents in neighborhood 03, Jumerto Village, Jember Regency obtained a nursing diagnosis raised in the problem of hypertension in adult aggregates, namely Ineffective Health Management. The interventions selected and used were the Promotion of Readiness to Receive Information (I.12470) in handling hypertension problems in adult aggregates through direct nursing care, health promotion, and demonstration of bay leaf decoction. The evaluation results showed that health management increased with an increase in indicator scores, namely taking actions to reduce hypertension risk factors and implementing effective daily care programs and activities to meet health goals, which increased sufficiently. The community is expected to improve health management related to the prevention and treatment of hypertension, apply its skills and knowledge about hypertension, and utilize health services provided to improve health status.

AUTHOR CONTRIBUTIONS

The author contribute all research activity such as conceptualization, data curation, analysis, writing & editing, manuscript revisions.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in this research.

DATA AVAILABILITY STATEMENT

The data are available from the corresponding author upon reasonable request.

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