



The Family Coping Towards an Effectiveness of Family Health Management Among Hypertension Patients in Jombang

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Abstract

Background: Hypertension is one silent killer and commonly occurred among elder people. Family health management is main factor to support elder people who have hypertension especially to prevent complications of hypertension. **Objective:** to analyze the relationship between family coping support and the effectiveness of family health management in family members with hypertension in Kepanjen Village, Jombang. **Methods:** This research method was correlation analytic with a cross-sectional approach, 158 families are the population in this study, 61 respondents were selected by using simple random sampling. All data collected by using questionnaires of family coping support and family health management. The data was analyzed by using Spearman rho test with significant value was $p = 0.000$. **Results:** The results of this study prove that family coping support is categorized as good with a score of 49.2% and the effectiveness of family health management is categorized as good with a score of 49.2%. The correlation coefficient value is 0.844 with a significance value of $p = 0.000$, which means the hypothesis is accepted, there is a relationship between family coping support and the effectiveness of family health management in family members with hypertension in Kepanjen Village, Jombang. **Conclusion:** Good family coping support is main factor in achieving effective family health management, because it can be controlled and can prevent the complications among hypertension patients.

Keywords: Family coping support, Family health management, Hypertension

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I. BACKGROUND

Hypertension is a serious medical condition and can increase the risk of heart, brain, kidney and other diseases. It is a major cause of premature death worldwide, with upwards of 1 in 4 men and 1 in 5 women – over a billion people – having the

condition (WHO, 2023). Various risk factors, including age, gender, education, obesity, lack of exercise, poor eating habits, smoking, alcohol and/or caffeine intake, mental stress, and a history of hypertension in the family, can cause hypertension (Firdaus & Suryaningrat, 2020).

Based on the results of a preliminary study conducted on January 5, 2024, at the Jelakombo Health Center, Kepanjen Village, Jombang, there were 158 people in Kepanjen Village diagnosed with hypertension. As for the results of the interviews, 10 families with family members suffering from hypertension had ineffective family coping and family health management. The family considers that hypertension is a natural disease so that they do not pay much attention to the management of hypertension care in family members who suffer from hypertension. Of the ten households surveyed, none were particularly skilled at providing for their family members suffering from high blood pressure. The family only reminds to maintain a diet but if the family member who suffers from hypertension does not maintain his diet, the family also does not prevent it because he thinks that there will be no serious problems due to hypertension.

Hypertension has a negative impact that can harm individuals both physically and psychologically. Hypertension causes most deaths and has a physical effect on conditions such as coronary arteriosclerosis, heart failure, left ventricular hypertrophy, and coronary artery blockage and infarction. Patients

who experience the psychological effects of hypertension may feel their lives are pointless due to their weakness and the chronic nature of the disease. In addition to the impact directly felt by the individual, hypertension also has an impact on the family. Families with one of the members who suffer from hypertension will experience difficulties in terms of social, economic, physical and mental burden. This burden makes the family rearrange their needs. Families may show dissatisfaction with relationships, struggle with intimacy, criticize patients, and become overprotective of them (Goldberg & Rickler, 2011).

To achieve specific health goals in the family sector, family health management involves the adaptation and integration of family dynamics, disease treatment, and sequelae (Rahmaudina et al., 2020). The capacity to overcome family health problems appropriately to improve the overall degree of family health is known as family health management (PPNI, 2018). The five family health tasks, namely identifying hypertension problems, making decisions regarding hypertension problems, caring for sick family members, changing the environment, and utilizing existing health facilities must be completed by families in order to achieve

effective family health management. In order for hypertensive patients to recover, family support to overcome the problem may be very important (Stergiou et al., 2021). In order for hypertensive patients to adhere to treatment regimens and implement viable hypertension survival strategies, they need ongoing consultation, assistance, and treatment planning (Manuntung, 2019).

2. METHODS

This study uses an analytical descriptive design with a cross-sectional approach. The data collection technique is carried out by survey and observation. Purposive sampling for doctor samples and simple randomized sampling for nurse samples. This research has received a research feasibility test from the ethics commission of FIK Unipdu with certificate number 007-KEP-Unipdu/4/2024. The total population is 158 families in Kepanjen Village, Jombang with a total of 61 respondents with one family member suffering from hypertension taken using a simple random sampling method. Data collection will be carried out on May 17 - 30, 2024. The sampling technique in this study is simple random sampling. Data collection was carried out by interviews

and questionnaires. Data analysis using the Spearman rho test.

3. RESULTS

Characteristics of Respondents

In this study, the characteristics of the respondents consisted of age, gender, education, occupation, relationship with the patient, family type, and the length of time the patient had hypertension.

Based on the results in table 1 above regarding the characteristics of the respondents, it is known that most of the gender of the respondents in this study is 46 women (75.4%), while a small part of the male gender is 15 people (24.6%). Almost half of the respondents in this study were 18-25 years old as many as 25 people (41.0%), 23 people (37.7%) aged 26-35 years, and a small part of 36-45 years old as many as 13 people (21.3%). In the proportion of education, almost half of the respondents had a high school/equivalent education as many as 30 people (49.2%). In the proportion of work, almost half of the respondents in this study had jobs as students, as many as 28 people (45.9%). In the proportion of relationships with hypertensive patients, a small part of the respondents' relationships with hypertensive patients in this study were as children as many as 13 people (21.3%),

relatives as many as 13 people (21.3%), husbands/wives as many as 12 people (19.7%), parents as many as 11 people (18.0%), biological children as many as 6 people (9.8%), and in-laws/sons-in-law as many as 6 people (9.8%). In the proportion of family types, most of them have the Nuclear Family family type as many as 38

families (62.3%) and a small part have the Extended Family type as many as 18 families (29.5%), and the Nuclear Dyed family type as many as 5 families (8.2%). In the proportion of long-term hypertension, most of the hypertensive patients in this study suffered from hypertension for 7-24 months as many as 48 people (78.6%).

Table 1. Demographic distribution of respondent data

	Variable	Frequency (N)	Percentage (%)
Gender	Male	15	24,6%
	Female	46	75,4%
Age	18 - 25 years old	25	41,0%
	26 - 35 years old	23	37,7%
	36 - 45 years old	13	21,3%
Education	Elementary school	1	1,6%
	Junior High School	2	3,3%
	Senior High School	30	49,2%
	Diploma	11	18,0%
	Bachelor Degree	14	23,0%
	Magister	3	4,9%
Occupation	Housewives	10	16,4%
	Students	28	45,9%
	Private employer	18	29,5%
	Civil servant	1	1,6%
	Farmer	1	1,6%
	Entrepreneurial	1	1,6%
	Professional	1	1,6%
	Freelance	1	1,6%
Family member	Kids	13	21,3%
	Husband / Wife	12	19,7%
	Parent	11	18,0%
	Sister/ Brother	6	9,8%
	Family relatives	13	21,3%
	Mother in law/ daughter in law	6	9,8%
Type of family	Nuclear family	38	62,3%
	Extended family	18	29,5%
	Nuclear dyed	5	8,2%
Time period of hypertension	0 - 6 months	4	6,6%
	7 - 12 months	24	39,3%
	13 - 24 months	24	39,3%
	25 - 36 months	9	14,8%

Level of family coping

Based on table 2 of the results of the distribution of the frequency of family

coping in Kepanjen Village, Jombang, it can be seen that almost all families provide family coping support to family members

suffering from hypertension with a good category, namely as many as 30 families with a percentage of 49.2%, the adequate category as many as 23 families with a

percentage of 37.7%, and the remaining 8 families with a percentage of 13.1% have poor family coping support.

Table 2. Frequency Distribution of Family Coping Support

Family Coping level	Frequencies (N)	Percentage (%)
Good	30	49,2%
Moderate	23	37,7%
Poor	8	13,1%
Total	61	100%

Level of Family Health Managements

Based on table 3 of the results of the frequency distribution of the effectiveness of family health management in Kepanjen Village, Jombang, it can be seen that some families have family health management

with a good category of 30 families with a percentage of 49.2%, 25 families in the adequate category with a percentage of 41.0%, and the remaining 6 families with a percentage of 9.8% have poor family health management.

Table 3. Frequency Distribution of Family Coping Support

Family health management	Frequencies (N)	Percentage (%)
Good	30	49,2%
Moderate	25	41,0%
Poor	6	9,8%
Total	61	100%

Correlation Between Level of Family Support and Family Health Managements

Based on table 3 of the results of the frequency distribution of the effectiveness of family health management in Kepanjen Village, Jombang, it can be seen that some

families have family health management with a good category of 30 families with a percentage of 49.2%, 25 families in the adequate category with a percentage of 41.0%, and the remaining 6 families with a percentage of 9.8% have poor family health management.

Tabel 4. Results of Spearman Correlation Analysis on the Relationship between Family Coping Support and the Effectiveness of Family Health Management in Family Members of Hypertensive Patients

Spearman's Rho	Coefficient Correlation	Sig. (2-tailed)
Family Coping	0.844	0.000
Family Health Management	0.844	0.000

4. DISCUSSION

Hypertension is one of the serious health problems affecting people around the world (Hedner et al., 2012). Families with one of the members who suffer from hypertension will experience difficulties in terms of social, economic, physical and mental burden. This burden makes the family rearrange their needs. Families may show dissatisfaction with relationships, struggle with intimacy, criticize patients, and become overprotective of them (Goldberg & Rickler, 2011). In this study, there were 61 respondents who agreed to be research respondents with one of the family members suffering from hypertension. The respondents in this study had an age range of 18-45 years.

Family is the main support for hypertension patients in maintaining health. The family plays an important role in the treatment and prevention of health in other family members. Therefore, the family must have knowledge about it. The better the family coping support, the better the hypertension management (Wahyuni, 2020). This is in line with the results of this study where as many as 30 (49.2%) families have good family support. One of the factors that affects family coping is the level of education. The results of this study show that most of the respondents (80.2%) have a high school/equivalent-

undergraduate education. This is in line with the opinion of (Pradini et al., 2020) that the higher a person's education level, the better the tolerance for problems and problem solving in the family. Families with higher levels of education tend to have wider access to information than families with lower levels of education so that it is easier to make decisions in problem solving.

The capacity to overcome family health problems appropriately to improve the overall degree of family health is known as family health management (PPNI, 2018). To achieve specific health goals in the family sector, family health management involves the adaptation and integration of family dynamics, disease treatment, and sequelae (Rahmaudina et al., 2020). The results of the study were obtained as many as 30 respondents (49.2%) had good family health management. This is because the family is able to adapt and overcome health problems experienced by family members. This is in line with Manuntung (2019), that in order for hypertensive patients to adhere to the treatment regimen and implement a viable hypertension survival strategy, they need ongoing consultation, assistance, and treatment planning.

The family plays a role in determining the nursing care needed by sick family members. Therefore, the role of the family

is very important in the stages of health care, from the stages of improving health to preventing other complications of hypertension. Families whose members have hypertension need to carry out supervision and monitoring in diet, diet and lifestyle. Family is also a support system that directly provides care to patients in good health and illness. Families must have the ability to cope with problems that occur in their family members, especially those that can affect the patient's health degree (Febriana & Ningsih, 2021). In this study, it was found that 30 families (49.2%) had good family coping support with family health management in the good category as many as 27 families (44.3%), good family coping support will increase the effectiveness of family health management.

With the results of this study, it can provide information to families with one of the family members suffering from hypertension that each family has different family coping and family health management. Through good family coping support, families can improve family health management and prevent negative impacts that may occur as a result of hypertension.

5. CONCLUSION

Based on the results that the support of family coping for family members with

hypertension in Kepanjen Village, Jombang is categorized in the good category. The effectiveness of family health management in the good category. The relationship between family coping support and the effectiveness of family health management in family members with hypertensive patients in a positive relationship with the category of relationships classified as high degrees.

AUTHOR CONTRIBUTIONS

The author contributes all research activities. Conceptualization: Ony Nur Fitria, Siti Urifah, Nasrudin, and Mukhamad Rajin. Analysis: Ony Nur Fitria, Siti Urifah. Writing & editing: Ony Nur Fitria, Nasrudin and Siti Urifah.. Manuscript revisions: Ony Nur Fitria and Siti Urifah.

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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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