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Family Nursing Care with Family Health Management Problems is Ineffective in Handling Hypertension Elderly Through Family Support in the Work Area of the Rambipuji Health Center Jember Regency

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A B S T R A C T

Background:, *Family involvement is very important in maintaining the welfare and health of elderly members, especially in the elderly with hypertension. Family support can improve adherence to treatment of the elderly through monitoring and providing encouragement to individuals undergoing treatment.* ***Method:*** *a case study by providing nursing care to two assisted families for 3 weeks with health education interventions, progressive muscle relaxation therapy and slow stroke back massage therapy.* ***Results and Discussion:*** *The results showed a correlation of 0.000 and sig. (2. tailed) 0.049 which means that there is an effect of family support with health education about hypertension in both assisted families. The p-value of systolic blood pressure before and after ROP (p = 0.023) and the p-value of diastolic blood pressure before and after ROP (p = 0.038) indicated that there was an effect of family support through progressive muscle relaxation on blood pressure. p-value on systolic blood pressure before and after SSBM (p = 0.049) and p-value on diastolic blood pressure before and after SSBM (p = 0.049) thus indicating that there is an effect of family support through slow stroke back massage therapy on blood pressure.* ***Conclusion:*** *Implementation of nursing carried out through family support such as health education, progressive muscle relaxation therapy and slow stroke back massage can affect blood pressure in the elderly.*

INTRODUCTION

Family refers to a collective unit consisting of two or more individuals who are connected through biological, marital, or adoption relations, and live together in one household. They are involved in interactions, carry out various roles, and carry out tasks in family dynamics (Susanto T., 2012). The final stage of family development, known as the aged family stage, begins when one or both spouses retires and ends after the death of both individuals. During this stage, family involvement is very important in maintaining the welfare and well-being of elderly members (Friedman et al., 2010; Sari et al., 2014).

As we get older, there is a significant increase in the incidence of Non-Communicable Diseases (PTM). This is due to a decrease in physiological function due to degenerative processes related to aging. Among all NCDs, hypertension is the most frequently reported condition, with the highest proportion (Fuady et al., 2018).

Based on the findings of the 2018 Riskesdas, the prevalence of hypertension in Indonesia in individuals aged 18 years and over nationally is 34.11%, and the majority of the population (41%) do not routinely take health measurements and checks. In the health profile of Jember Regency for 2020, the percentage of people with hypertension is 741,735 people with the number of hypertension in Rambipuji District being 15,276 people (Dinas Kesehatan Kabupaten Jember, 2021).

The condition of hypertension can pose a threat to public health, especially in old age. Families who have members with hypertension need to be aware of the main factors that can affect and control blood pressure conditions, such as changing lifestyles such as not smoking, not consuming alcohol, following a low-salt diet, exercising regularly, and avoiding stress (Zulfitri et al. , 2019). Family support has a very important role in encouraging the elderly to adhere to treatment. This lack of attention from the family causes a lack of awareness of the elderly about personal health, a lack of motivation to take part in treatment and activities for the elderly in the Posyandu, which results in higher disease recurrence rates (Setiadi, 2008; Rohmayani, 2018).

Family support includes attitudes, actions and acceptance of unhealthy individuals. There are four types of family support, namely emotional support, appreciation support, informational support, and instrumental support (Friedman et al., 2003). Bailon and Maglaya (1989) confirmed that family plays an important role in determining individual treatment success. Niven (2011) further emphasizes the important role of family support in increasing treatment adherence through monitoring and providing encouragement to individuals undergoing treatment. A study revealed that individuals who lack family support tend to show high levels of non-adherence to hypertension treatment, whereas those who have strong family support are more likely to comply with their hypertension treatment regimen (Puspita., 2016).

From the results of the community nursing assessment of 354 families with elderly people in the working area of the Rambipuji Health Center, especially in the village of Rambigundam, it was found that the majority of the elderly suffered from hypertension, namely 123 elderly, followed by diabetes and stroke. The assisted families used in this case study revealed a lack of knowledge and attitudes in treating elderly people with hypertension. Therefore, researchers aim to provide a more comprehensive understanding of family nursing care in controlling hypertension in the elderly, with a focus on addressing the problem of ineffective family health management through providing family support.

METHOD

This study uses a case study approach that is packaged in the form of family nursing care. Family nursing care in this case study will be presented from the assessment, nursing diagnosis, planning, implementation, and evaluation of family nursing. Participants in this study were families assisted in family nursing care, namely Mrs. R and Mrs. A, who is in the working area of the Rambipuji Health Center, Jember Regency, who has problems with family health management nursing that is not effective in treating elderly hypertension.

This study was conducted through fostering family nursing care for 3 weeks with 6 visits to each family. Visits to each family 2 times a week for 30 minutes according to the previously agreed time. Some family nursing interventions include: providing health education about hypertension, providing and teaching progressive muscle relaxation (ROP) techniques and slow stroke back massage.

Health education interventions were carried out for each assisted family at the second and third visits. Evaluation of achievements in health education will be measured using a pre and post test using the HK-LS (Hypertension Knowledge Level Scale) containing 22 questions about hypertension material delivered to the family. This questionnaire consists of 3 answers, namely true (1 point), false and don't know (0 points). The maximum score of the HK-LS questionnaire is 22 points divided into low category (score ≤ 17) and high category (score 18-22). The next intervention was teaching progressive muscle relaxation techniques (ROP) and slow stroke back massage which were carried out at the fourth, fifth and sixth meetings. The evaluation used in ROP and slow stroke back massage uses direct demonstrations from clients and families in carrying out therapy and measuring blood pressure before and after each meeting.

Data analysis in this case study was carried out by documenting the results of the assessment, the results of the formulation of nursing diagnoses, the preparation of interventions, implementation and evaluation of nursing in detail. The results of pre- and post-intervention data will be managed using the SPSS 23 statistical data application with paired sample t-test and Wilcoxcon test to determine the effect of family support in the management of elderly hypertension.

RESULT AND DISCUSSION

Family 1 is the family of Mr. S (61 years old), male sex, last education in elementary school, address at Rambipuji Jember. Mr. S is the head of the family of 2 family members namely Mrs. R (61 years old) and Mr. G (16 years old) who is the grandson. Mr. S has passed away so that the duties of the head of the family have been transferred to Mrs. R. This family belongs to the middle age or elderly couple type. Mrs. R has a hereditary disease such as hypertension and only takes medication when his complaints are severe. Mrs. R has a history of hospitalization due to a stroke 16 years ago. Mrs. R is a family with a

middle to lower economic level if it is classified into family welfare, the Ny. R lies in the Prosperous Family I. The results of the study of Mrs. R indicated that the level of family knowledge was low with indicators of a lack of understanding regarding disease control. This was evidenced by Mr. G said he did not know in detail regarding how to prevent, influencing factors, and how to deal with hypertension that Mrs. R, as well as Mrs. R often cooks and eats salty foods such as salted fish and fried foods. Mrs. R also often complains of neck pain and dizziness. Vital signs: BP 160/90 mmHg, pulse 90x/minute, temperature 36.2 ºC, RR 20 x/minute.

Family 2 is Mr. D's family (84 years old), male, last education in elementary school, address at Rambipuji Jember. Mr. D is the head of the family from 1 family member, namely Mrs. A (83 years old) who is the wife. Mr. D has passed away so that the duties of the head of the family have been transferred to Mrs. A. This family is included in the type of middle age or elderly couple with advanced family development stages (stage VIII). Mrs. A has a hereditary disease such as hypertension which is inherited by both parents who also have hypertension. As a result of hypertension experienced by Mrs. A, he often complains of neck pain and dizziness. and complained of pain in his legs. From the results of further studies it is known that there is a lack of family knowledge of the client's illness. This is evidenced by statements from the family and clients who said that they did not know in detail regarding how to prevent, influencing factors, and how to deal with hypertension experienced by Mrs. A. In addition, Mrs. A said that he still often cooks and eats salty foods such as salted fish because it is his favorite food. The lack of routine checks to health services related to hypertension experienced was also an obstacle in carrying out family functions in Mrs. A. Vital signs: BP 160/100 mmHg, pulse 90x/minute, temperature 36.0 ºC, RR 20 x/minute.

Based on the results of the assessment that has been carried out data analysis in both families, there are 2 nursing problems in each family. Nursing problems that arise in Mrs. R and Mrs. A has the same nursing problem, namely ineffective family health management and readiness to increase family coping. The main nursing problem of Mrs. R and Mrs. A is ineffective family health management, indicated by families who have not been able to care for their sick members due to low knowledge. The two families (Mrs. R and Mrs. A) are families with the last elementary education, the low level of education in the family affects the good level of knowledge in Mrs. A and Mrs. R. Family Mrs. A and Mrs. R revealed that he did not understand his health problems. The findings of this study are reinforced by research conducted by Sriwahyu, (2017) which states that the decision-making process regarding actions and efforts to find solutions to family problems is influenced by the level of education in the family. The results of another study found that in both families it was difficult to carry out the care that had been given, the lack of family support in caring for the elderly with hypertension was the main problem that

occurred. Efendi and Larasati (2017) emphasize that family support plays an important role in managing hypertension and can greatly improve the well-being of affected individuals. Family support has a very important role in encouraging the elderly to adhere to treatment. Other research findings show that family support has an indirect relationship and has an impact on routine monitoring behavior (Kurniawan, 2016). Therefore, there is a need for educational interventions aimed at increasing family understanding of the importance of supporting sick family members during their care.

Based on the main nursing diagnoses found, there are several nursing plans that can be formulated to address problems in Mrs. R and Mrs. A with ineffective family health management problems due to low ability to handle hypertension. The objectives and outcome criteria of the nursing plan are that after receiving nursing actions for 3 weeks in 6 meetings it is hoped that the ability of family health management can increase with the aim of the family being able to carry out family health management Nursing interventions that will be carried out are family support planning care through health education, training progressive muscle relaxation and slow stroke back massage therapy. The interventions that have been compiled are then followed by implementation according to the interventions that have been arranged by involving the family in each implementation. The existence of family support will have a positive effect in increasing individual confidence in managing the treatment process of the disease (Setyowati, S. Anita M, 2018).

Health Education

Health education is a strategy used to change the behavior of individuals, groups and communities that initially exhibit unhealthy habits, encourage them to adopt behaviors that are in line with health expectations and improve their well-being independently (Bakri et al., 2020). Counseling techniques that focus on the individual have proven to be very effective because they allow for immediate problem solving with personalized guidance from the extensionist. These workers can help individuals understand information more easily by utilizing appropriate media tools, such as leaflets and flipcharts (Daulay et al., 2015).

Health education was carried out in the second and third meetings. At the second and third meeting at Mrs. R will be held on Tuesday, 30 May 2023 and Saturday, 03 June 2023 for 30 minutes. This implementation was attended by Mrs. R and his son. Meanwhile, the family Mrs. A, the second and third meetings were held on Monday, 05 June 2023 and Saturday, 10 June 2023 for 30 minutes. The implementation activity was attended by Mrs. A and his grandson. The time for implementing health education has been agreed upon by the family based on the time contract at the previous meeting. The actions taken were providing health education materials and media in the form of leaflets; explain the causes and factors, treatment and prevention of hypertension; teaching strategies related to hypertension

diet. The health education carried out consists of several stages including orientation (introducing oneself, explaining the purpose, and time contract), then presenting material based on the leaflet media that has been provided, finally the closing stage is by evaluating the results of health education in the form of subjective and objective responses from the results of pre-measurements. at the second meeting and post test at the third meeting that has been provided (HK-LS questionnaire).

After being given nursing actions to Mrs. R, namely providing health education about hypertension, subjective responses of clients and families saying they understand the signs and symptoms, prevention and control of hypertension, Mrs. R said he understood that consuming salty and fatty foods can lead to hypertension, the client's objective response can explain hypertension, consuming salt and eating salty can be a factor in the emergence of hypertension and control and take regular medication for handling it, screening Mrs.'s blood pressure. R 155/90 mm Hg. Health education about hypertension which was also given to Mrs. A, subjective responses from clients and families after health education said they understood the meaning, causes, signs, symptoms and complications that could be experienced, Mrs. A said he understood that consuming salty and fatty foods could result in hypertension, an objective response, namely Mrs. A can explain hypertension again, consuming salt and eating salty can be a factor in the emergence of hypertension and control and take regular medication for its treatment. Blood pressure after implementation 155/90 mmHg.

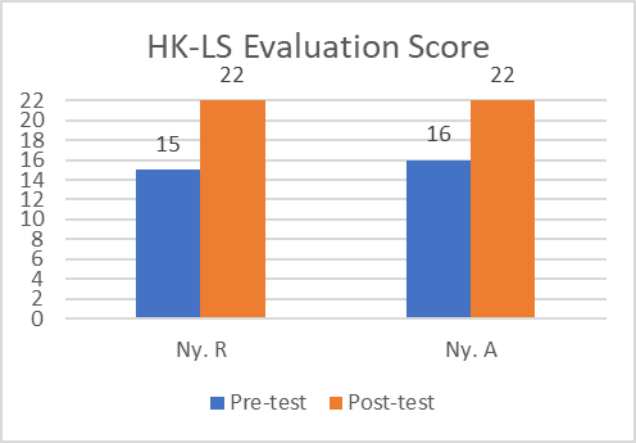


Figure 1. Results of Hypertension Knowledge Scores Based on HK-LS Before and After Providing Health Education

Source: Researcher Data (2023)

Evaluation of health education related to hypertension in both families was carried out through the HKLS assessment, the score on Ny. R before being given health education was 15 (low) and after being given health education was 22 (high). While the score on Mrs. A before being given health education was 16 (low) and after being given health education was 22 (high). The results showed that after being given health education to the family, it was found that the HK-LS value in each assisted family increased.

Table 1. Comparison Test of Paired Sample t-test HK-LS Pre test and Post test scores

Variabel	Mean	Sig.	Sig. (2-tailed)
Pre test	15.50	0.000	0.049
Post test	22.00		

Source: Researcher Data (2023)

Based on Table 1, the average score of the HKLS assessment in assisted families before health education was carried out was 15 and the average HKLS score after being given health education was 22. Comparison of Paired Sample t-test HK-LS scores Pre test and Post test showed the value of the correlation coefficient 0.000 and sig. (2. tailed) 0.049, which means that there is a relationship between pre-test and post-test values and there is an effect of family support interventions on health education about hypertension in both assisted families. This is in line with the findings of Sawitri et al. (2022) which revealed that there was a significant relationship between knowledge and family support in efforts to deal with hypertension in the elderly in Jambukidul Village, Ceper District. Based on the research findings and based on existing theory, the researcher's opinion recommends that health education that is carried out properly and in accordance with media selection can increase family knowledge.

Progressive Muscle Relaxation

The actions given at the fourth, fifth and sixth meetings were doing physical exercise (progressive muscle relaxation). The fourth, fifth and sixth meetings in Mrs. R will be held on Saturday (10 June 2023), Thursday (15 June 2023) and Saturday (17 June 2023). This implementation was attended by Mrs. R and his son. The fourth, fifth and sixth meetings in Mrs. A will be held on Thursday (15 June 2023), Monday (19 June 2023) and Friday (23 June 2023). Implementation activities on Mrs. A was attended by Mrs. A and her granddaughter. Each meeting for the two assisted families takes 30 minutes. The actions given are checking blood pressure after and before physical exercise (Progressive Muscle Relaxation); explain the types of ROP exercises; explain the frequency, duration and intensity of ROP therapy, explain the benefits of ROP for health, teach and provide progressive muscle relaxation (ROP) exercise therapy to clients to lower blood pressure. Demonstration of Progressive Muscle Relaxation (ROP) exercise therapy together with students and followed by each assisted family with a duration of 10 minutes. Before and after carrying out ROP, the two assisted families will have their blood pressure checked.

After giving and teaching progressive muscle relaxation exercises to the family, the client's subjective response says he understands how to do ROP, says that he slightly forgets the progressive muscle relaxation sequence and does this exercise every day which is done independently and sometimes assisted by the family, says his body is more relaxed after ROP . The client's objective response is to perform progressive muscle relaxation exercises (ROP) independently. The results of blood pressure checks

before and after exercise on Mrs. R and Mrs. A during the fourth, fifth and sixth meetings are presented in the diagram in Figure 2.

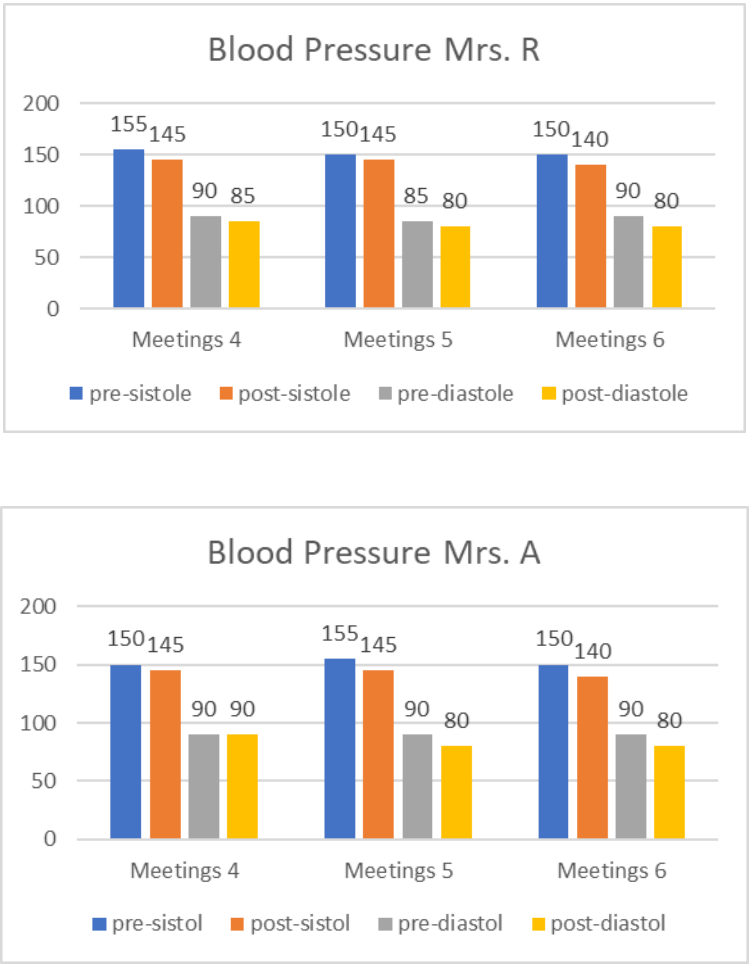


Figure 2. Results of blood pressure examination of Mrs. R and Mrs. A Before and After Progressive Muscle Relaxation Exercgise

Source: Researcher Data (2023)

At the fourth meeting in Mrs. R blood pressure examination results before therapy 155/90mmHg and after therapy 145/85mmHg. The fifth meeting was the results of blood pressure examination before 150/85mmHg therapy and after 145/80mmHg therapy. In the sixth meeting, the results of Mrs. R before therapy 150/90mmHg and after therapy 140/80mmHg. While the fourth meeting in the family of Mrs. A blood pressure examination results before therapy 150/90mmHg and after therapy 145/90mmHg. The fifth meeting was the results of blood pressure examination before 155/90mmHg therapy and after

145/80mmHg therapy. In the sixth meeting, the results of Mrs. R before therapy 150/90mmHg and after therapy 140/80mmHg.

Table 2. Wilcoxon Comparison Test of Systolic and Diastolic Blood Pressure Before and After Progressive Muscle Relaxation in Mrs. R and Mrs. A

Variabel	Mean	Std. Deviation	Sig. (2-tailed)
Systolic Blood Pressure Before ROP	151.67	2.582	0.023
Systolic Blood Pressure After ROP	143.33	2.582	
Diastolic Blood Pressure Before ROP	89.17	2.041	0.038
Diastolic Blood Pressure After ROP	82.50	4.183	

Source: Researcher Data (2023)

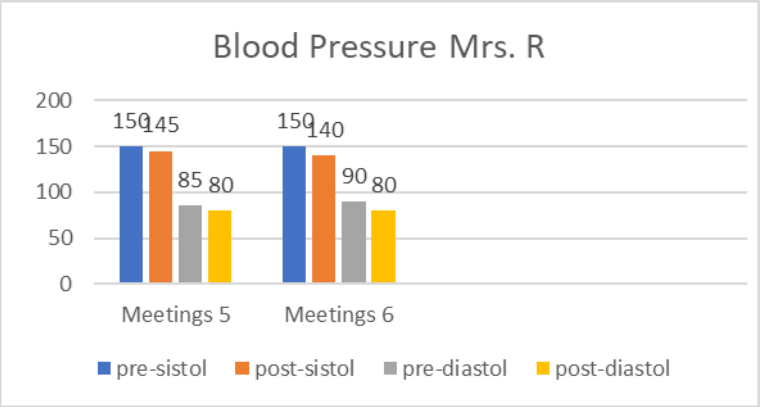
Comparison test of systolic and diastolic blood pressure before and after ROP exercise in Mrs. R and Mrs. A uses Wilcoxon because the data is not normally distributed. The table shows that the average systolic pressure before ROP was 151.67mmHg and after ROP 143.33mmHg decreased by 8.34mmHg, while the average diastolic pressure before ROP was 89.17mmHg and after ROP was 82.50mmHg decreased by 6.67mmHg. The p-value for systolic blood pressure before and after ROP (p = 0.023) and the p-value for diastolic blood pressure before and after ROP (p = 0.038) showed that there was an effect of family support through progressive muscle relaxation on blood pressure in the Mrs. R and Mrs. A family. In a study by Norma and Supriatna (2018) it was found that doing progressive muscle relaxation for 10 minutes was found to reduce diastolic blood pressure by an average of 96.41 mmHg. Progressive muscle relaxation, when practiced, causes a decrease in the release of CRH (Corticotropin Releasing Hormone) and ACTH (Adrenocorticotropic Hormone) in the hypothalamus. Reduced release of these two hormones can reduce sympathetic nerve activity resulting in reduced adrenaline and non-adrenaline expenditure. As a result, heart rate decreases, blood vessels dilate, vascular resistance decreases, heart pump decreases, and arterial pressure in the heart decreases, which in turn causes a decrease in blood pressure (Yunding et al., 2021). Therefore the use of physical exercise in the form of progressive muscle relaxation exercises which are carried out accordingly 3 times within 10-45 minutes can reduce blood pressure in people with hypertension..

Slow Stroke Back Massage

Slow stroke back massage is done by rubbing the client's skin slowly and rhythmically using a speed of 60 times per minute. Both hands cover an area that is 5 cm wide on either side of the spinal prominence. This technique can be easily performed by nurses and patient families (Nurlathifah, 2022). However, many families are currently less proactive in providing care (Syamdarniati et al., 2020). Therefore nurses can teach the patient's family regarding how to do this relaxation therapy so that it can increase family participation as family support for family members who experience health problems.

Slow stroke back massage therapy teaching was given to the two assisted families during the fifth and sixth meetings (June 17 2023) Mrs. R and (23 June 2023) Mrs. A. implementation on the family Ny. R was also attended by his son, and the family of Mrs. A was also attended by his grandson. The meeting for the two assisted families was held for 30 minutes. The actions taken at this meeting included: checking blood pressure before and after implementation; and teach *slow stroke back massage* therapy to the family. The demonstration of slow stroke back massage therapy was carried out on the same day but at different hours. Evaluation of ROP exercises is carried out at the afternoon meeting, while *slow stroke back massage* therapy is carried out at the afternoon meeting. Demonstration of *slow stroke back massage* therapy together with students and followed by each assisted family with a duration of 5-10 minutes.

Evaluation after giving and teaching each family Mrs. R and Mrs. A slow stroke back massage therapy, the subjective response of the family said it was happy to be able to do treatment with the family, the family said it had implemented slow stroke back massage therapy when the client complained of neck pain and dizziness due to high blood pressure. The objective response is that families are able to practice slow stroke back massage, families provide support to clients. Results of blood pressure checks before and after therapy on Mrs. R and Mrs. A at the fifth and sixth meetings (Figure 3).



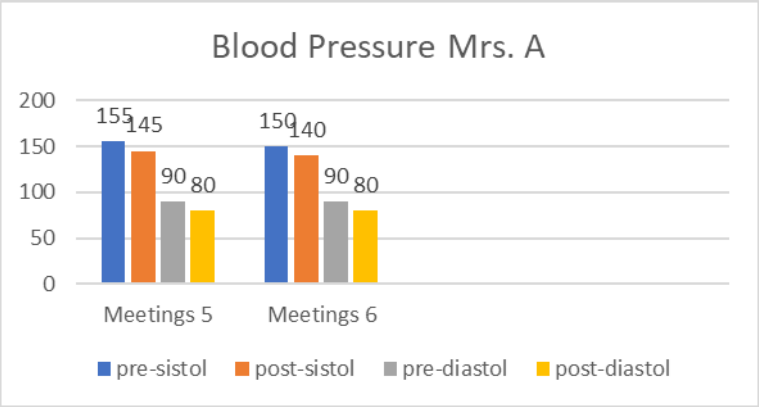


Figure 3. Results of the Family Blood Pressure Examination Mrs. R and Mrs. A Before and After Slow Stroke Back Massage therapy

Source: Researcher Data (2023)

At the fifth meeting in Mrs. R blood pressure examination results before therapy 150/85mmHg and after therapy 145/80mmHg. In the sixth meeting, the results of Mrs. R before therapy 150/90mmHg and after therapy 140/80mmHg. While the fifth meeting in the family of Mrs. A blood pressure examination results before therapy 155/90mmHg and after therapy 145/80mmHg. In the sixth meeting, the results of Mrs. A before therapy 150/90mmHg and after therapy 140/80mmHg. The inspection results were tested using Wilcoxon as shown in Table 3.

Table 3. Wilcoxon Comparison Test of Systolic and Diastolic Blood Pressure Before and After Slow Stroke Back Massage Therapy for Mrs. R and Mrs. A

Variabel	Mean	Std. Deviation	Sig. (2-tailed)
Systolic Blood Pressure Before SSBM	151.25	2.500	0.049
Systolic Blood Pressure After SSBM	142.50	2.887	
Diastolic Blood Pressure Before SSBM	88.75	2.500	0.049
Diastolic Blood Pressure After SSBM	80.00	0.000	

Source: Researcher Data (2023)

Comparison test of systolic and diastolic blood pressure before and after slow stroke back massage therapy was carried out in Mrs. R and Mrs. A uses Wilcoxon because the data is not normally distributed.

The table shows that the average systolic pressure before being given SSBM 151.25mmHg and after being given SSBM 142.50mmHg decreased by 8.75mmHg, while the average diastolic pressure before SSBM was 88.75mmHg and after SSBM was 80.00mmHg decreased as much as 8.75mmHg. The p-value for systolic blood pressure before and after SSBM (p = 0.049) and the p-value for diastolic blood pressure before and after SSBM (p = 0.049) showed that there was an effect of family support through slow stroke back massage therapy on blood pressure in family Mrs. R and Mrs. A. This is reinforced by research conducted by Wibowo (2018) which revealed that comparative analysis carried out before and after treatment resulted in a P-value of 0.000 or P <0.05, which indicates a statistically significant effect on pressure systolic blood before treatment. on SSBM treatment and systolic blood pressure after SSBM treatment. Massage techniques applied to the back and legs have been observed to reduce heart rate by up to 10 beats per minute and reduce blood pressure by eight percent (Herliawati, 2011). According to Dallimartha (2008) as quoted in Herliawati (2011), the main purpose of doing massage in individuals with hypertension is to facilitate the flow of energy throughout the body so as to minimize hypertension and its complications. By ensuring open energy pathways and removing muscle tension and inhibition, the risk of hypertension can be reduced. So it can be concluded that the application of SSBM therapy in hypertensive patients through family support can reduce blood pressure in patients so that continuous family support is needed to continue to improve the quality of life in the elderly with hypertension.

CONCLUSION

This study concluded that the results of the assessment and nursing care for assisted families in the working area of the Rambipuji Health Center found low knowledge and behavior of the family as well as a lack of family support in carrying out care to reduce risk factors and prevent complications of hypertension. So it was found that the main problem was ineffective family health management related to the complexity of the care/medication program. Nursing plans and actions undertaken include providing health education, teaching physical exercise therapy such as progressive muscle relaxation therapy and slow stroke back massage therapy. Every action plan will be carried out through family support. The results of an evaluation of the problem of ineffective family health management through family support resulted in a significant increase as indicated by the family's ability to treat hypertension in the elderly, increased family knowledge, decreased blood pressure before and after progressive muscle relaxation physical exercise therapy and slow stroke therapy back massage.

With this research, it is hoped that the Puskesmas will become the development of nursing care, especially in the problem of family health management in the working area of the puskesmas in overcoming health problems with hypertension in the elderly. The community gets additional insight in managing family

health, especially in the elderly with hypertension through family support so that clients can achieve an optimal level of health.

It is hoped that future researchers will need further research related to the application of other implementations such as regulating hypertension diets in helping to improve the problem of ineffective family health management.

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