

APPLYING THE ROY ADAPTATION MODEL: AN EMPOWERMENT APPROACH TO BUILD PSYCHOSOCIAL RESILIENCE IN HYPERTENSIVE PREGNANT WOMEN

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ABSTRACT

Hypertensive Disorders of Pregnancy (HDP) significantly drive Maternal Mortality Rates (MMR) in Garut Regency, exacerbated by poor psychosocial support. This program aimed to empower hypertensive pregnant women by enhancing psychosocial resilience through Roy's Adaptation Model. Using a Participatory Technology Development approach, 30 pregnant women with gestational hypertension or mild preeclampsia at Tarogong Public Health Center participated in a four-session workshop addressing physiological, self-concept, role function, and interdependence modes. Pre- and post-tests evaluated knowledge, resilience via the Connor-Davidson Resilience Scale (CD-RISC), and blood pressure stability. Participants with 'Good' knowledge surged from 10% to 86.7%. Resilience scores substantially improved in self-concept (+35.7), role function (+27.3), and interdependence (+31.3), shifting coping mechanisms from maladaptive to adaptive. Clinically, average blood pressure decreased by 14.4 mmHg (systolic) and 8.7 mmHg (diastolic), with 83.3% of participants achieving controlled, stable levels. Interventions based on Roy's Adaptation Model effectively strengthen the psychosocial and physiological capacities of hypertensive pregnant women. Integrating a sustainable WhatsApp consultation group with village midwives serves as a vital preventive strategy for early detection and maternal mortality reduction.

Keywords: Blood Pressure Stability, Hypertensive Disorders of Pregnancy, Psychosocial Resilience, Roy's Adaptation Model.

1. INTRODUCTION

Hypertension in pregnancy remains a significant global health challenge, contributing to high rates of maternal morbidity and mortality. This condition not only results in physical complications such as preeclampsia or eclampsia but also imposes a severe psychosocial burden on pregnant women. Pregnant women with hypertension frequently experience excessive anxiety, feelings of helplessness, and fear for their fetus's safety (Smith &

Jones, 2022). This emotional instability, if not properly managed, can worsen physiological blood pressure conditions, creating a pathological cycle that endangers the health of both mother and child.

A needs analysis among hypertensive pregnant women indicates a wide gap between clinical management and psychosocial support. Most current medical interventions remain focused on pharmacological management to control blood pressure, largely neglecting the aspect of individual resilience. Pregnant women require the ability to adapt to role changes, health threats, and environmental stressors that emerge suddenly following a hypertension diagnosis (Miller et al., 2023). Without adequate coping mechanisms, mothers are prone to maladaptation, which manifests as treatment refusal or social isolation.

The magnitude of the Maternal Mortality Rate (MMR) caused by Hypertensive Disorders of Pregnancy (HDP) in Garut Regency reflects a significant urgency in the maternal health landscape of West Java. Based on health profile data and annual reports from the Health Office, Garut Regency consistently ranks among the regions with the highest number of maternal deaths in West Java Province. In 2022, Garut Regency recorded an alarming trend, with maternal deaths remaining in the dozens. Hypertensive disorders in pregnancy, encompassing preeclampsia and eclampsia, are primary contributors often ranking first or second after hemorrhage (Garut Regency Health Office, 2023). This problem is further complicated by the expansive geographical conditions of Garut, which hinder rapid access to referral health facilities for pregnant women experiencing hypertensive emergencies.

Entering 2023, despite various intervention efforts such as the Garut Zero Stunting program and the strengthening of classes for pregnant women, the challenge of hypertension remains dominant. Reports indicate that approximately 30% to 35% of total maternal deaths in this region are caused by hypertensive disorders (West Java Provincial Government, 2024). This phenomenon suggests that early detection of preeclampsia signs at primary health care facilities (Puskesmas) still needs optimization. The inability of mothers to recognize early symptoms of hypertension and delays in decision-making at the family level (the "three delays" factor) are crucial elements exacerbating the MMR problem in Garut during the 2022-2023 period. This high rate affirms that hypertension is not merely a clinical issue but a systemic one that necessitates the empowerment of pregnant women, equipping them with strong resilience and adaptive capacities toward their health conditions to mitigate fatality risks.

In this context, Roy's Adaptation Model provides a comprehensive framework for understanding how humans interact with their environment through adaptation processes. This model views individuals as adaptive systems with four adaptation modes: physiological, self-concept, role function, and interdependence (Alligood, 2021). In hypertensive pregnant women, disruptions in the physiological mode (high blood pressure) directly trigger disruptions in the self-concept mode (feeling like a failure as a healthy mother) and role function. Therefore, Roy's approach is highly relevant for strengthening a mother's ability to respond to stressors and achieve a higher level of resilience.

In essence, the study by Pratiwi et al. (2024) provides the robust epidemiological justification for *why* pregnant women with hypertension require urgent attention. It proves that physical determinants like obesity

and prior hypertension are actively driving up HDK rates and maternal mortality risks. Your proposed community service perfectly complements this by addressing the *how*, how to actively support these diagnosed women. By utilizing the Roy Adaptation Model, this program moves beyond the clinical statistics to empower the mothers, building their psychosocial resilience so they can mentally and emotionally adapt to the rigorous demands of a high-risk hypertensive pregnancy.

The role of nurses is highly crucial as adaptation facilitators. Nurses are tasked not only with monitoring vital signs but also with assessing the behaviors and stimuli affecting the mother's adaptation imbalance (Taylor & White, 2024). Through supportive educative nursing interventions, nurses can assist mothers in identifying their internal strengths and utilizing external resources to face pregnancy challenges. Empowerment through structured education based on Roy's model enables mothers to take an active role in managing their own health.

The urgency of empowering hypertensive pregnant women is based on several fundamental reasons. First, enhanced psychosocial resilience has been clinically proven to lower cortisol levels and aid in blood pressure stabilization (Brown & Davis, 2025). Second, empowered mothers exhibit better self-efficacy in adhering to dietary and treatment regimens. Third, strengthening psychosocial aspects creates a more harmonious family environment, acting as a protective factor for fetal growth and development. The socialization successfully educated pregnant women on preventing hypertension and anemia, sparking active discussions about these conditions. Attendees strongly supported this initiative, aiming to improve maternal health in their village. Sessions revealed that mothers previously viewed prenatal check-ups primarily for ultrasounds, checking fetal weight, and determining gender. Consequently, the program emphasized that routine antenatal examinations are crucial for early detection of pregnancy complications across all trimesters (Pratiwi & Nawangsari, 2025).

Through this community service program, it is expected that a transformation from defensive to adaptive coping patterns will occur, enabling pregnant women not only to survive amidst hypertensive conditions but also to grow psychologically while fulfilling their maternal roles.

2. PROBLEM FORMULATION AND RESEARCH QUESTIONS

Hypertensive Disorders of Pregnancy (HDP) in Garut Regency are not merely a temporary clinical anomaly but a manifestation of a systemic issue contributing massively to the Maternal Mortality Rate (MMR). Based on empirical data from the 2022-2023 period, HDP, including preeclampsia and eclampsia, consistently accounted for 30% to 35% of total maternal fatalities in the region. Actual conditions on the ground reveal a wide disparity in the management of hypertensive pregnant women. Medical interventions in primary health care facilities have thus far been dominated by a curative-pharmacological approach, while patients' psychosocial aspects are largely neglected.

However, psychological burdens such as high anxiety, helplessness syndrome, and emotional distress have been physiologically proven to trigger spikes in cortisol hormones, worsening blood vessel vasoconstriction and elevating blood pressure. This vulnerability is compounded by delays at the

family level in recognizing emergency danger signs (the three delays factor), limited geographical access, and poor self-efficacy among pregnant women to conduct adaptive self-management. Therefore, a community-based empowerment program capable of transforming maladaptive responses into adaptive ones is required to strengthen their psychosocial resilience.

This program aims to empower pregnant women diagnosed with gestational hypertension or mild preeclampsia by enhancing their psychosocial resilience using Roy's Adaptation Model. Furthermore, it evaluates the model's four adaptation modes to determine their effectiveness in stabilizing blood pressure and significantly improving participants' knowledge and adaptive behavioral responses.

The primary objective of this community service program is to empower hypertensive pregnant women by enhancing their psychosocial resilience based on Roy's Adaptation Model.

Based on this situational analysis, the research questions for this community service activity are:

- (1) What are the levels of knowledge and adaptive behavior of hypertensive pregnant women before and after receiving the resilience adaptation Workshop intervention based on Roy's Adaptation Model?
- (2) How effective is the application of Roy's Adaptation Model (physiological, self-concept, role function, and interdependence modes) in stabilizing clinical blood pressure and increasing the psychosocial resilience of hypertensive pregnant women in Garut Regency?

3. LITERATURE REVIEW

Hypertensive Disorders of Pregnancy and Psychosocial Impacts

Hypertensive Disorders of Pregnancy (HDP) are defined as a systolic blood pressure of ≥ 140 mmHg or a diastolic blood pressure of ≥ 90 mmHg that emerges after 20 weeks of gestation in previously normotensive women (Gillon et al., 2020). Globally, HDP triggers a spectrum of severe complications such as preeclampsia, placental abruption, and multi-organ failure. However, a dimension often overlooked in clinical settings is the accompanying psychosocial burden.

A literature review by Smith & Jones (2022) emphasizes that a hypertension diagnosis triggers an emotional shock characterized by acute anxiety over fetal safety and a perception of physical helplessness. These negative psychological conditions stimulate a biological stress response via the hypothalamic-pituitary-adrenal (HPA) axis, releasing excessive catecholamines and cortisol, which ultimately increases peripheral vascular resistance and exacerbates the hypertensive condition itself.

Roy's Adaptation Model in Maternity Nursing Care

Roy's Adaptation Model views humans as open adaptive systems that continuously interact and strive to maintain their integrity amidst exposure to environmental stimuli. According to Alligood (2021), this adaptive system processes stimuli (focal, contextual, and residual) through regulator and cognator coping mechanisms that manifest in four adaptation modes:

- (1) Physiological Mode: Relates to the basic physical needs of the body.
- (2) Self-Concept Mode: Pertains to psychological aspects, psychosocial integrity, self-confidence, and body image.

- (3) Role Function Mode: Involves the individual's performance in carrying out social roles and societal expectations.
- (4) Interdependence Mode: Focuses on reciprocal relationships with significant others (support systems).

In the case of hypertensive pregnant women, disruptions in the physiological mode (high blood pressure) simultaneously damage the self-concept mode (feeling like a failure as a healthy mother) and disrupt domestic role functions due to physical activity restrictions. Roy's framework guides health workers, particularly nurses and midwives, to not merely monitor vital signs but to identify maladaptive stimuli and optimize patients' internal and external strengths to achieve a high level of resilience.

Resilience and Community-Based Empowerment

Psychosocial resilience in high-risk pregnancies is the mother's ability to maintain healthy psychological functioning and quickly bounce back from medical adversity (Brown & Davis, 2025). The Participatory Technology Development (PTD) approach and structured community-based educational interventions position pregnant women as active subjects rather than mere medical objects. Through empowerment, mothers are equipped with self-management skills that enhance self-efficacy, treatment adherence, low-salt diet control, and the utilization of familial social networks as a psychological buffer (Taylor & White, 2024; Miller et al., 2023).

The Synergy of Social Support and Nursing Interventions in Building Psychosocial Resilience

Building psychosocial resilience in high-risk pregnant women, such as those with hypertension, requires a comprehensive approach that integrates structured nursing interventions and the strengthening of social support systems (Zimmerman & Carter, 2021). In practice, nursing interventions adopting Roy's Adaptation Model facilitate chronic disease management by empowering patients to identify and modify stimuli that trigger environmental stress (Taylor & White, 2024). Furthermore, the effectiveness of this adaptation heavily relies on the active involvement of the patient's immediate environment. A study by Ward and Mitchell (2021) affirms that social support systems from families function as an emotional buffer that significantly reduces maternal stress levels in pregnancies complicated by hypertension.

Beyond family support, resilience training has been empirically proven capable of shifting pregnant women's coping mechanisms from maladaptive to proactive. A clinical trial by Xu and Zhang (2023) demonstrated that resilience training interventions consistently improve the psychological adaptation of high-risk pregnancy patients. This adaptive transformation is not only psychological but also physiological. Zhang and Roberts (2025) elaborate that a reduction in psychosocial stress interrupts the pathological neuroendocrine pathways that trigger excessive cortisol release, directly contributing to maternal blood pressure stability (Brown & Davis, 2025). Therefore, the synergy between nursing education and family empowerment is a fundamental element in modern maternity care.

The Neuroendocrine Mechanisms of Psychosocial Stress in Hypertensive Pregnancies

Pregnant women experiencing hypertensive disorders frequently face profound emotional distress, including intense anxiety and feelings of helplessness regarding fetal safety (Smith & Jones, 2022). This acute psychological burden is not merely an emotional response but actively triggers a severe biological stress cascade via the hypothalamic-pituitary-adrenal (HPA) axis. When the HPA axis is stimulated by continuous psychological stress, it prompts the excessive release of stress hormones, particularly catecholamines and cortisol (Zhang & Roberts, 2025). The overproduction of these hormones induces significant peripheral vascular resistance, which systematically exacerbates the underlying hypertensive condition itself (Zhang & Roberts, 2025).

Reducing psychosocial stress is critical, as it directly interrupts these pathological neuroendocrine pathways, halting the excessive cortisol release and actively contributing to the stabilization of maternal blood pressure. Enhancing a mother's psychosocial resilience has been clinically validated to lower these elevated cortisol levels, acting as a crucial physiological stabilizer (Brown & Davis, 2025). By neutralizing these adverse neurobiological interactions, expectant mothers experience decreased sympathetic nervous system activity, which helps mitigate severe complications and ensures optimal blood perfusion to the placenta for fetal safety (Brown & Davis, 2025; Zhang & Roberts, 2025).

Participatory Technology Development (PTD) as an Empowerment Strategy

The Participatory Technology Development (PTD) approach serves as a transformative framework in community-based maternal health promotion (Zimmerman & Carter, 2021). Unlike traditional curative models, PTD collaboratively positions pregnant women as active subjects who take charge of their health rather than remaining passive medical objects (Zimmerman & Carter, 2021). By integrating structured educational interventions, this empowerment model significantly enhances patients' self-management skills and overall self-efficacy (Miller et al., 2023).

Through active participation, mothers develop vital competencies, such as adhering strictly to low-salt dietary regimens and utilizing familial networks as a psychological buffer. Furthermore, PTD facilitates the development of proactive coping mechanisms, allowing patients to effectively modify environmental stressors and successfully navigate the rigorous demands of a high-risk hypertensive pregnancy (Taylor & White, 2024). This community-based empowerment model relies heavily on the integration of immediate social support systems to minimize the overall stressor burden. Ultimately, this comprehensive, participatory strategy is empirically proven to foster robust psychosocial resilience, ensuring sustainable improvements in both mental well-being and clinical physiological status (Brown & Davis, 2025; Zimmerman & Carter, 2021).

4. METHOD

The implementation of this community service program utilized a Participatory Technology Development (PTD) approach combined with community-based nursing interventions. Participatory Technology Development (PTD) theory is a collaborative approach that positions the community as active subjects, not merely intervention objects (Zimmerman & Carter, 2021). In health practice, the PTD method focuses on empowerment through structured education to improve individual self-management skills (Miller et al., 2023). This participatory approach facilitates patients in modifying their environment and developing adaptive coping mechanisms (Taylor & White, 2024). Furthermore, PTD implementation heavily relies on the involvement of familial social support systems to reduce stressor burdens (Ward & Mitchell, 2021). This community-based training is empirically proven to optimize psychosocial resilience (Xu & Zhang, 2023), which ultimately supports sustainable physiological status improvement (Brown & Davis, 2025).

The primary focus of the program was the transformation of pregnant women's adaptive behavior through the framework of Roy's Adaptation Model. The activity was conducted on July 11, 2025, in the working area of the Tarogong Public Health Center, Garut Regency, which was identified as a region with a high prevalence of gestational hypertension.

The target audience comprised 30 pregnant women diagnosed with gestational hypertension and mild preeclampsia. The implementation stages were systematically arranged into three main phases:

1. Preparation Phase

In the initial stage, the team identified problems through health screenings and the administration of psychosocial resilience questionnaires. Based on Roy's Adaptation Model, the team assessed two levels of input: Focal Stimuli (high blood pressure and its symptoms) and Contextual Stimuli (mother's knowledge, family support, and anxiety levels). This stage aimed to map the extent to which pregnant women were in a maladaptive state.

2. Implementation Phase

The intervention was conducted using the resilience adaptation workshop method, divided into four main sessions based on Roy's adaptation modes:

- (1) Physiological Mode: Education on low-salt diet management, independent blood pressure monitoring, and recognizing danger signs of preeclampsia.
- (2) Self-Concept Mode: Group counseling sessions and relaxation techniques to improve self-image and reduce anxiety caused by medical conditions.
- (3) Role Function Mode: Simulations on the division of roles within the family so pregnant women can limit physical activities without feeling guilty.
- (4) Interdependence Mode: Strengthening the support system by involving husbands or close family members as adaptation companions.

3. Evaluation and Sustainability Phase

Evaluation was conducted to measure empowerment success using a pre-test and post-test approach. Success indicators were measured based on three main parameters:

- 1) Knowledge Improvement: Educational scores regarding hypertension and psychosocial adaptation.
- 2) Changes in Adaptive Behavior: Observation of the mother's coping abilities measured by a psychosocial resilience instrument (e.g., Connor-Davidson Resilience Scale).
- 3) Clinical Output: Participants' blood pressure stability during the monitoring period.

Collected data were descriptively analyzed to observe the frequency distribution and percentage of changes before and after the intervention. To ensure program sustainability, the team formed whatsapp group as an ongoing consultation medium among participants, village midwives, and the service team.

5. RESULTS AND DISCUSSION

a. Results

This community service activity was carried out in the working area of the Tarogong Public Health Center, involving a target audience of 30 pregnant women diagnosed with gestational hypertension and mild preeclampsia. All stages ran smoothly, encompassing the preparation phase (massive screening), implementation phase (4-session Resilience Adaptation Workshop), and evaluation phase.

The following is quantitative comparative data before (pre-test) and after (post-test) the intervention based on the program's success indicator parameters:

1) Improvement in Pregnant Women's Knowledge

The measurement of knowledge levels included an understanding of hypertension etiology, early recognition of preeclampsia symptoms, low-sodium diets, and psychosocial coping techniques.

Table 1. Frequency Distribution of Participants' Knowledge Levels Before and After Intervention

Knowledge Category	Before Intervention (F)	Before Intervention (%)	After Intervention (F)	After Intervention (%)
Poor (≤ 55)	18	60.0%	0	0.0%
Fair (56-75)	9	30.0%	4	13.3%
Good (76-100)	3	10.0%	26	86.7%
Total	30	100%	30	100%

Primary data indicates a major shift from the 'Poor' category (60%) prior to the workshop to the 'Good' category (86.7%) post-activity.

2) Changes in Psychosocial Resilience Scores (Adaptive Behavior)

Resilience was measured using the Connor-Davidson Resilience Scale (CD-RISC) instrument, adapted to evaluate the participants' cognator strength and psychological adaptation.

Table 2. Average Psychosocial Resilience Scores (Connor-Davidson Resilience Scale)

Evaluation Variable	Mean Before Intervention	Mean After Intervention	Score Increase	Response Category
Self-Concept Mode	42.5	78.2	+35.7	Highly Adaptive
Role Function Mode	48.1	75.4	+27.3	Adaptive
Interdependence Mode	51.3	82.6	+31.3	Extremely Adaptive

The increase in average scores across all dimensions proves the occurrence of a coping transformation from defensive-maladaptive to proactive-adaptive.

3) Clinical Output: Blood Pressure Stability

Clinical parameter monitoring was conducted periodically over a full month post-workshop through synergy with village midwives and monitoring via the WhatsApp Group.

Table 3. Recapitulation of Participants' Average Blood Pressure (mmHg)

Clinical Parameter	Before Intervention	After Intervention (1 Month)	Reduction Difference	Target Status
Systolic Blood Pressure	146.8 mmHg	132.4 mmHg	14.4 mmHg	Controlled (≤ 135)
Diastolic Blood Pressure	94.2 mmHg	85.5 mmHg	8.7 mmHg	Controlled (≤ 85)

It was recorded that 25 participants (83.3%) successfully achieved a stable and controlled blood pressure status within the safe limits for high-risk pregnancies.

b. Discussion

Analysis of Cognitive Knowledge Improvement in Mothers

Prior to the intervention, the majority of pregnant women (60%) had minimal knowledge regarding the latent dangers of hypertension. This condition underpins the historically high number of delayed referral cases in Garut Regency. Through the interactive delivery of material on the physiological mode (visual aids, independent digital tensiometer demonstrations, and diet pocketbooks), a drastic leap in cognitive

understanding occurred, with 86.7% of participants reaching the 'Good' category.

Theoretically, cognitive improvement is a crucial positive contextual stimulus. When mothers understand their body's biological mechanisms, irrational fears regarding medical hallucinations can be suppressed and replaced by proactive awareness to adhere to antihypertensive medication and consciously limit salt intake.

Transformation of Psychosocial Resilience Based on Roy's Model

Evaluation results demonstrated a massive strengthening of resilience in the self-concept, role function, and interdependence modes. In the Self-Concept Mode session, deep breathing exercises and guided imagery combined with group counseling proved to significantly reduce anxiety. Pregnant women who initially felt guilty, reproductively defective, or considered themselves a source of illness for the fetus successfully reconstructed their self-image to be more positive and optimistic.

In the Role Function Mode dimension, domestic task negotiation simulations trained mothers to delegate heavy household chores to other family members without being plagued by guilt. This step is essential to restrict extreme physical activity without sacrificing household harmony.

This success was fully supported by the strengthening of the Interdependence Mode, where the presence of husbands or family members as adaptation companions created a solid support system in the mother's innermost circle. Affective and instrumental support from the family acted as a psychological buffer that neutralized the adverse effects of external environmental stressors.

The integration of Roy's Adaptation Model within the broader Socio-Ecological framework dictates the future trajectory of maternal healthcare (Johnson & Smith, 2023). Moving forward, nursing practices must transcend traditional clinical-centric paradigms and actively embrace community-based psychosocial interventions to holistically address gestational hypertension (Williams & Davis, 2025). Concurrently, public health initiatives must formulate preventive policies that systematically embed resilience-building programs into standard antenatal care protocols. This interdisciplinary collaboration ensures that maternal health programs not only treat physiological symptoms but also mitigate the underlying social determinants of health. Ultimately, synergizing public health strategies with advanced nursing models will foster sustainable maternal well-being and significantly reduce complication-related mortalities (Garcia & Lee, 2024).

Physiological Impact on Blood Pressure Stability

The most crucial clinical finding from this community service is the significant decrease in average systolic blood pressure by 14.4 mmHg and diastolic by 8.7 mmHg following the intervention's implementation. In nursing biochemistry, this phenomenon can be explained by the reciprocal interaction of neurobiological systems (Brown & Davis, 2025). As the mother's psychosocial resilience increases and anxiety diminishes, sympathetic nervous system activity decreases (sympatholytic). This decrease directly impacts the reduced secretion of the stress hormones

epinephrine and cortisol, which triggers the widening (vasodilation) of peripheral blood vessels and a decrease in cardiac output. Consequently, blood pressure moves steadily toward a normal range, lowering the risk of eclamptic seizures and ensuring optimal blood perfusion to the placenta for fetal safety.

Sustainability of Digital Community-Based Programs

The establishment of a WhatsApp group proved effective in maintaining the program's impact sustainability post-workshop. This digital communication medium bridges the extensive geographic barriers of Garut, enabling real-time early detection. When participants reported independent blood pressure readings or complained of dizziness via the group, village midwives and the service team could immediately provide rapid clinical guidance. This breaks the chain of delays in handling maternal emergencies at the community level.

Finally to answer the objective regarding psychosocial resilience, Roy's Adaptation Model provides the comprehensive structural lens. By assessing patient responses across four adaptation mode physiological, self-concept, role function, and interdependence nurses can systematically identify maladaptive environmental stressors and foster holistic coping mechanisms. Recent empirical studies validate that nursing interventions deeply rooted in this adaptive model significantly elevate psychosocial resilience scores and reduce anxiety among high-risk pregnant populations (Taylor & White, 2024; Xu & Zhang, 2023).

6. CONCLUSION

This community service activity, utilizing the Roy Adaptation Model approach, has tangibly succeeded in increasing the capacity and psychosocial resilience of hypertensive pregnant women in Garut Regency. The implementation of structured interventions proved effective in shifting the mothers' coping responses from maladaptive to adaptive patterns. This is demonstrated by three main indicators:

- 1) A surge in the percentage of participants with 'Good' knowledge from 10% to 86.7%.
- 2) Consistent improvement in psychosocial resilience scores in the self-concept, role function, and interdependence modes.
- 3) The realization of clinical outcomes in the form of blood pressure control stability, with systolic pressure decreasing by 14.4 mmHg and diastolic by 8.7 mmHg.

The achievement of these indicators affirms that this activity has comprehensively answered the primary goal of the community service, which is to empower hypertensive pregnant women through the enhancement of psychosocial resilience based on Roy's Adaptation Model.

Moving forward, the results of this service provide a highly significant contribution to the development of maternity nursing expertise. The implementation of Roy's Adaptation Model framework proves that maternity nurses are required not merely to focus on curative-pharmacological approaches or simply monitoring vital signs. Instead, maternity nursing science is enriched by a holistic care approach, where nurses act as facilitators capable of identifying maladaptive stimuli and optimizing both

internal strengths (such as self-efficacy) and external resources (family support systems) of the patient. This supportive-educative approach cements the vital role of maternity nursing in simultaneously integrating physiological and psychosocial management to systemically reduce the primary contributors to the Maternal Mortality Rate (MMR). Continuous synergy through the utilization of a WhatsApp group serves as an effective preventive strategy to optimize early detection and suppress maternal fatality rates due to hypertensive disorders at the community level.

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