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# The role of community-based nursing interventions on knowledge, self-efficacy, and blood pressure control among elderly people with hypertension

# Lily Herlinah<sup>1</sup>, Uswatul Khasanah<sup>1</sup>, Syamikar Baridwan Syamsir<sup>1\*</sup>, Siti Badriah<sup>2</sup>

<sup>1</sup>Jurusan Keperawatan Komunitas Fakultas Keperawatan Universitas Muhammadiyah Jakarta <sup>2</sup>Poltekkes Kemenkes Tasikmalava Corresponding author: \*E-mail: syamikarbaridwan@umj.ac.id

### Abstract

**Background:** The high prevalence of hypertension in the elderly has serious consequences with the potential to cause various health complications, especially negative impacts on the cardiovascular system, which can include heart failure, stroke, myocardial infarction, and even fatal risks. Community-Based Nursing Intervention (CBNI) has been identified as an effective solution in efforts to improve hypertension management in the elderly population.

Purpose: To evaluate the impact of CBNI on knowledge, self-efficacy, and blood pressure values of hypertensive elderly before and after the intervention.

Method: The research method used was quasi-experimental with a pre-post design without a control group. A sample of 30 participants was selected through total sampling. The measurement instruments involved the assessment of knowledge, self-efficacy, as well as blood pressure measurements. The intervention included teaching about hypertension, nutritional management, and progressive muscle relaxation therapy (PMRT) combined with music therapy. Data analysis was performed using paired t-tests.

Results: The research results showed significant differences before and after the intervention in the variables of knowledge (p=0.000), self-efficacy (p=0.000), systolic blood pressure (p=0.000), and diastolic blood pressure (p=0.000).

Conclusion: This study highlights the positive potential of Community-Based Nursing Intervention as an approach that can be adopted and reinforces the important role of community-based nurses in providing effective care and education for the elderly population with hypertension.

### Keyword: Community Health Nursing; Elderly; Hypertension; Knowledge; Self-efficacy.

### INTRODUCTION

Hypertension (HTN) is the level of blood pressure (BP) at which the benefit of treatment obviously is higher than its risks. It is defined as systolic blood pressure (SBP), values ≥140 mmHg, and/or diastolic blood pressure (DBP), values ≥90 mmHg. Elevated BP is one of the primary risk factors for several disorders and in particular cardiovascular disease (CVD). In general, multiple factors including genetic, environment, and behavior may contribute to the pathogenesis of HTN (Foroumandi, Kheirouri, & Alizadeh, 2020).

Hypertension is a major risk factor for cardiovascular disease (CVD), especially in the elderly. Despite a rapid increase in the elderly population (≥60 years) in Brazil in the last decade (from 6.7% in 2000, to 10.8% in 2010), there are no estimates of the prevalence of hypertension in this age group for the entire country. The importance of better data on the prevalence of hypertension in the

elderly and very elderly is emphasized by the high effectiveness of antihypertensive treatment in extending life expectancy and reducing adverse cardiovascular outcomes in the elderly and very elderly hypertensive population (Picon, Fuchs, Moreira, & Fuchs, 2013)

The elderly are one of the populations at risk groups that are increasing in number. population at risk is a collection of people whose health problems have the possibility of developing worse due to influencing factors. Aging causes a decline in functional reserves in organs and systems, as well geriatric syndromes that present with as sleep multifactorial parameters, incontinence, disorders, malnutrition, delirium, pressure sores, pain and falls, which are associated with mortality. associated with mortality (Al-a', & Boy, 2020).

Our analysis indicates that more than a quarter of the world's adult population totalling nearly one billion had hypertension in 2000, and that this proportion will increase to 29%-1.56 billion by 2025. It also suggests that men and women have similar overall prevalence of hypertension, and that such prevalences increase with age consistently in all world regions. A particularly high prevalence of hypertension was reported in Latin America and the Caribbean, and other Asia and Islands had the (Kearney, Whelton, Reynolds, Muntner, Whelton, & He, 2005).

Hypertension also known as high blood pressure is a serious medical condition and a key risk factor for cardiovascular disease. People living with hypertension have persistently raised pressure in their blood vessels, which results in their hearts having to work much harder. Most people with hypertension are unaware of the condition because there are usually no warning signs or symptoms. That is why it is sometimes called a "silent killer". While hypertension can be detected quickly and easily by a health care professional, far too many people are unaware that they are suffering from this condition or are at risk (World Health Organization, 2021).

One of the changes that occurs in the elderly is changes in the cardiovascular system which is the main disease that takes its toll because it will have an impact on other diseases such as Hypertension, coronary heart disease, pulmonary heart, cardiomyopathy, stroke, kidney failure (Adam, 2019).

In industrialized countries, the average age of the population is increasing rapidly. Likewise, the prevalence of high blood pressure (HBP) is also increasing: 60% of people over 60 years of age, 65% of men and 75% of women over 70 years of age suffer from HBP. These data are very important, considering that HBP is a major cardiovascular risk factor in elderly people and is even stronger than hypercholesterolemia and diabetes. Although there is great interest in this topic, both in clinical and public policy contexts, there is no certainty regarding the treatment of the elderly, and especially the very elderly. These patients are often overlooked in largescale clinical trials because they have many comorbidities and are difficult to treat (Pinna, Pascale, La Regina, & Orlandini, 2012).

Self-care involves behaviors that prevent severity and involves a decision-making process where patients are able to evaluate and manage symptoms of disease when they occur. Effective self-care management means that individuals have a sense of responsibility for their own health and have an important role in their own health care. Self-care management activities in patients include patient management activities with drugs obtained, health monitoring, food regulation and exercise as directed and activities to prevent complications (Sihotang, Utama, Aprilatutini, & Yustisia, 2020).

Hypertensive clients will be given ongoing treatment to keep their blood pressure under control. This results in high medical costs. In addition, the continuous use of pharmacological therapy can also cause side effects, and self-efficacy of treatment. side effects, and self-efficacy towards treatment becomes low. Hypertensive clients with uncontrolled uncontrolled blood pressure will increase risk of cardiovascular disease and mortality (Sinaga, Sudirman, & Prihandana, 2022).

There are several factors that influence selfmanagement in patients with hypertension including knowledge, education level, social support, selfefficacy and length of suffering from hypertension. Knowledge possessed by patients will increase selfconfidence and foster patient confidence in the effectiveness of hypertension treatment. Therefore, understanding of the disease must be done

#### Lily Herlinah<sup>1</sup>, Uswatul Khasanah<sup>1</sup>, Syamikar Baridwan Syamsir<sup>1\*</sup>, Siti Badriah<sup>2</sup>

<sup>1</sup>Jurusan Keperawatan Komunitas Fakultas Keperawatan Universitas Muhammadiyah Jakarta <sup>2</sup>Poltekkes Kemenkes Tasikmalaya

Corresponding author: \*E-mail: syamikarbaridwan@umj.ac.id

thoroughly, both the risk factors, diagnosis, treatment and complications. Self-management in hypertension patients that is carried out effectively is beneficial for increasing patient satisfaction in living life, reducing treatment costs, increasing self-confidence and independence of patients, and improving the quality of life of patients. independence, and improve the patient's quality of life (Sakinah, Ratu, & Weraman, 2020).

The proportion of older women who experienced health complaints was higher than the male elderly in all age groups. Deterioration of body function organs, especially in the elderly, causes this group is prone to attacks of various chronic diseases, such as diabetes mellitus, stroke, kidney failure, cancer, hypertension, and heart disease. kidney failure, cancer, hypertension, and heart disease. The types of health complaints that are most commonly experienced by the elderly are other complaints, namely the types of health complaints that are specifically suffered by the elderly such as gout, high blood pressure, low blood pressure, rheumatism, diabetes, and various other types of chronic diseases (Zaenurrohmah, & Rachmayanti, 2017).

The implementation of self-management in hypertension sufferers is expected to increase knowledge, attitudes and treatment related to hypertension. Implementation of self-management can be done through community-based education programs. The formation of a community group caring for hypertension is an effort of a community nursing program designed to increase community knowledge so that the community has the strength to develop itself through interaction with the environment. The formation of community care groups is a community-based educational program that can be interpreted as an educational program from the community, by the community and for the community (Sari, 2018).

Addressing the various limitations in the management of hypertension in older adults, particularly those living on islands, is important to ensure that older adults can receive optimal care and achieve controlled blood pressure. Efforts to improve knowledge, self-efficacy, and access to health care are key measures that can help older adults overcome these constraints and better manage hypertension. Therefore, this study aims to see the

effect of Community-Based Nursing Intervention on knowledge, knowledge, self-efficacy, and blood pressure values in elderly with hypertension in the Thousand Islands region, Jakarta.

#### **RESEARCH METHOD**

This research used a quasi-experimental research design, pre-test-post-test, one group without a comparison group. This method allows researchers to evaluate the impact of communitybased nursing interventions on knowledge, selfefficacy, and blood pressure in elderly individuals suffering from hypertension. Data were collected before the intervention (pre-test) and after the intervention (post-test) to see changes that occurred in the variables studied. The number of samples in this study was 30 participants who were over 60 years old and had a history of hypertension with blood pressure measurements exceeding the threshold. The limit of 140/90 mmHg was selected using a non-probability sampling technique with a total sampling method. This means that all individuals who meet the inclusion criteria and are not included in the exclusion criteria are selected as participants. This research has been approved by the ethics commission of the Muhammadiyah University of Jakarta with Number: 1299/F.9-UMJ/IX/2023.

This research was carried out over 3 meetings, for the first meeting education was carried out about hypertension, namely by providing an explanation of what hypertension is, its causes, symptoms and its impact on health. Apart from that, participants were given an understanding of measuring blood pressure and how to monitor their own blood pressure regularly. For the second meeting, education was provided about nutritional management, namely providing an explanation of healthy eating patterns that can help control blood pressure. Community nurses provide information about the types of food that should be consumed and those that should be avoided by participants suffering from hypertension, including planning a balanced daily menu and tips for controlling the intake of salt, saturated fat and cholesterol in the diet. In addition, participants were given guidance on measuring and recording their nutritional intake and the third meeting carried out Progressive Muscle Relaxation Therapy (PMRT) Combination of Music Therapy. This therapy is

Lily Herlinah<sup>1</sup>, Uswatul Khasanah<sup>1</sup>, Syamikar Baridwan Syamsir<sup>1\*</sup>, Siti Badriah<sup>2</sup>

<sup>1</sup>Jurusan Keperawatan Komunitas Fakultas Keperawatan Universitas Muhammadiyah Jakarta <sup>2</sup>Poltekkes Kemenkes Tasikmalaya Corresponding author: \*E-mail: syamikarbaridwan@umj.ac.id

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carried out in 11 sessions with a frequency of 2 times a day and a duration of 15 minutes each session, the aim is to reduce stress, lower blood pressure and increase feelings of relaxation.

In this study, data collection was carried out and a questionnaire sheet was provided for the pretest and posttest, which contained a consent form to become a participant. For the questionnaire about hypertension carried out at the first meeting, the questionnaire consisted of 12 questions about controlling hypertension, while the questionnaire about self-efficacy was carried out at the third meeting which consisted of 10 questions and was measured using a Likert scale. The modified instrument was then tested for validity and reliability by involving 15 participants outside the main participant group in this research. The results of the validity test for the knowledge questionnaire with 12 questions show that the significance value for all question items is (<0.05), indicating the validity of the instrument. Furthermore, the results of the reliability test for the knowledge questionnaire showed a Cronbach's Alpha value of 0.9, which illustrates a high level of reliability. Likewise, for the validity test results for the self-efficacy questionnaire with 10 questions.

### **RESEARCH RESULT**

| Variables                         | Result                |  |  |
|-----------------------------------|-----------------------|--|--|
| Age (Mean ±SD) (Range)            | (65.53±5.164) (60-79) |  |  |
| Young Elderly (60-69 Years)       | 23/77.0               |  |  |
| Middle-Aged Elderly (70-79 Years) | 7/23.0                |  |  |
| Gender (n%)                       |                       |  |  |
| Male                              | 12/40.0               |  |  |
| Female                            | 18/60.0               |  |  |
| Education (n%)                    |                       |  |  |
| Elementary School                 | 7/23.0                |  |  |
| Junior High School                | 6/20.0                |  |  |
| Senior High School                | 2/7.0                 |  |  |
| Higher Education                  | 1/3.0                 |  |  |
| No Formal Education               | 14/47.0               |  |  |

### Table 1. Characteristic of Participants (N=30)

Table 1 shows that the age of the participants with a mean and standard deviation (65.53±5.164) and a range between 60-79 years, where the majority of participants are in the young elderly age range, namely 60-69 years, namely (77.0%). Most of the participants were female, namely (60.0%) and male participants (40.0%). For educational level, there were more participants with no formal education, namely (47.0%), compared to participants with elementary school education (23.0%), junior high school (20.0%), senior high school (7.0%) and higher education (3.0).

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Jurusan Keperawatan Komunitas Fakultas Keperawatan Universitas Muhammadiyah Jakarta <sup>2</sup>Poltekkes Kemenkes Tasikmalaya

Corresponding author: \*E-mail: syamikarbaridwan@umj.ac.id

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| Variables                                     | Mean ±SD     | t      | df | p-value |
|---|--------------|--------|----|---------|
| Knowledge (pre- and post-test)                | 3.833±1.599  | 13.129 | 29 | 0.000   |
| Self-efficacy (pre- and post-test)            | 17.400±4.148 | 22.971 | 29 | 0.000   |
| Systolic Blood Pressure (pre- and post-test)  | 25.833±3.733 | 37.902 | 29 | 0.000   |
| Diastolic Blood Pressure (pre- and post-test) | 10.333±2.604 | 21.734 | 29 | 0.000   |

Based on table 2, The results of the study using the paired t test showed that there was an average difference in the knowledge variable about controlling hypertension with the mean and standard deviation  $(3.833\pm1.599)$ , self-efficacy in controlling hypertension (17.400), systolic blood pressure (25.833), and diastolic blood pressure (10.333) before and after implementing the Community-Based Nursing Intervention intervention. Statistical analysis also revealed a p-value <0.05 for the variables knowledge about controlling hypertension (p-value= 0.000), self-efficacy in controlling hypertension (p-value= 0.000), systolic blood pressure (p-value= 0.000), and diastolic blood pressure (p-value= 0.000). Thus, it can be concluded that there are significant differences in the variables of knowledge about controlling hypertension, self-efficacy in controlling hypertension, systolic blood pressure, and diastolic blood pressure before and after the Community-Based Nursing Intervention, with a significance value lower than alpha (p<0.05).

#### DISCUSSION

Hypertension is one of the risk factors for cardiovascular and cerebrovascular diseases. Identifying the level of patient compliance in using drugs, especially in outpatients, needs to be done, considering that patients use drugs independently without supervision from health workers. To achieve effective treatment, nurses need to be involved in the program of delivering information about hypertension treatment through self-efficacy methods to support adherence to taking medication (Ariesti, 2018).

Self-care can be defined as activities initiated or carried out by individuals, families, or communities to achieve, maintain, or improve maximum health. In the medical model, self-care is defined as self-care during illness, adherence to therapeutic regimens, and active participation in rehabilitation activities. Self-care for health promotion requires that "clients have knowledge and competencies that can be used to maintain and improve health" (Drevenhorn, 2018).

In adults, arterial hypertension increases overall mortality by 2-5 times, cardiovascular disease by 2-3 times. The main difference between elderly patients with arterial hypertension compared with middleaged patients with arterial hypertension is the presence of comorbidities. In 1950, children in Europe made up 26.2% of the population, in 2005, children increased by 15.9%, and adults over the age of 60 increased from 12.1 to 20.6%. The total mortality risk profile at various ages varies. The risk of death in young men is mainly related to arterial hypertension (AG) and smoking (Soliev, Rajabova, & Djumaev, 2019).

Although they are aware of their hypertension, it does not mean that the disease is under control. Lifestyle changes and medication adherence are the main obstacles. This public health intervention program is expected to increase public awareness to make preventive efforts to keep blood pressure at a good level (normal) and for those who have hypertension disease can prevent complications of stroke and kidney failure (Ministry of Health of the Republic of Indonesia, 2021).

Nigeria is the most populous country in Africa with an estimated population of 191 million (51% male, 49% female) with an estimated growth rate of 2.43% per year and a high dependency ratio of 88%.

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<sup>1</sup>Jurusan Keperawatan Komunitas Fakultas Keperawatan Universitas Muhammadiyah Jakarta <sup>2</sup>Poltekkes Kemenkes Tasikmalaya Corresponding author: \*E-mail: syamikarbaridwan@umj.ac.id

Due to this large population, Nigeria contributes greatly to the total burden of hypertension on the continent. The prevalence of hypertension in the adult population in Nigeria is increasing, although, prevalence rates vary annually and regionally (Ozoemena, Iweama, Agbaje, Umoke, Ene, Ofili, & Anthony, 2019).

Self-efficacy (t=2.42, p=.021), self-esteem (t=2.57, p=.014) and self-management behaviors (t=2.21, p=.034) were significantly higher and systolic blood pressure (t=-2.14, p=.040) was significantly lower in the experimental group compared to the control group. However, diastolic blood pressure (t= -.85, p=.400) was not significantly different between the two groups. The results suggest that a self-management program implementing Dongsasub training can be used as a nursing intervention in community settings to improve self-management behaviors for older adults with hypertension (Kim, & Song, 2015).

The level of knowledge of the elderly about hypertension is mostly poor, as many as 42.3%. This can be influenced by educational factors, most of which are junior high school and elementary school. In addition, the low level of knowledge about hypertension is also caused by the low level of information sources they have. sources of information that they information they get (Sari, & Wiyono, 2018).

The impact of hypertension in the elderly can trigger the risk of heart attack, stroke, and kidney failure. Blood pressure that continues to increase results in excessive heart workload so that it triggers damage to blood vessels, kidney failure, heart failure, blindness and impaired cognitive function in the elderly. the results of research conducted in Minanga Tallu Village, Sukamaju Subdistrict, North Luwu Regency North showed statistical analysis obtained a value of  $p = 0.002 < \alpha = 0.05$ , meaning that H0 was rejected and Hadit accepted so that there was a relationship between knowledge and the incidence of hypertension in the elderly (Suaib, Cheristina, & Dewiyanti, 2019).

With the increasing demand for health in the community related to catastrophic diseases, especially cardiovascular disease as the main cause of death caused by hypertension, health services need to make various efforts to meet these demands. hypertension, health services need to make various efforts to meet these demands. In order to prevent and manage hypertension, this systematic review shows that improving the quality of health and nursing services through communitybased education can increase self-awareness of the need to reduce salt consumption, increase volunteers' knowledge that allows them to facilitate and manage meetings with the community for hypertension prevention efforts implementation, directly control and reduce blood pressure and the prevalence of overweight/obesity, and can implement multicomponent and multilevel, financially efficient collaboration in improving hypertension prevention, detection and management behaviors simultaneously (Nasela, Latumenasse, Tatisina, Juniarti, & Lukman, 2019).

The search results obtained 13 articles that were identified and relevant to the research objectives. Self-care-based interventions for hypertension sufferers include Technology-Based Self Care (Telementoring, BPMAP and E-Lifestyle applications, E-Counseling), Physical Exercise (Exercise+PEH), Walking Exercise, Isometric Handgrip Exercise (IHG), Pranayama Breathing Exercise, and Self-Management Training Program), as well as Health Self-care-based interventions have Education. positive effectiveness on blood pressure, quality of life, medication adherence, self-care behavior, and physical fitness in hypertensive patients (Eriyani, Sugiharto, Hidayat, Shalahuddin, Maulana, & Rizkiyani, 2022).

At baseline, there were no significant differences between groups regarding participants' demographic characteristics, medical history, and medication adherence. After the intervention, comparison between groups adjusted for pretest scores showed a significant reduction in mean systolic and diastolic blood pressure scores and an increase in adherence to treatment due to the intervention (P<0.05). However, the proportion of controlled systolic and diastolic blood pressure did not differ statistically significantly between groups (P>0.05). Selfmanagement education tailored to health literacy significantly increases medication adherence but does not have a significant effect on blood pressure control (Delavar, Pashaeypoor, & Negarandeh, 2020).

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<sup>1</sup>Jurusan Keperawatan Komunitas Fakultas Keperawatan Universitas Muhammadiyah Jakarta <sup>2</sup>Poltekkes Kemenkes Tasikmalaya

Corresponding author: \*E-mail: syamikarbaridwan@umj.ac.id

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The mean quality of life score in the experimental group was significantly higher than that in the control group eight weeks after the intervention (106.5±26.5 vs. 85.5±22.5, P=0.03). However, this difference was not significant immediately after intervention (94.4±25.3 vs. 87.2±22.8, P=0.32). Mean selfefficacy scores did not differ significantly from those of the control group immediately after (68.5±12.7 vs. 66.5±12.2, P=0.47) and eight weeks after the intervention (70.5±13 .5 vs. 65.7±12.0, P =0.10). The research results show that self-care training based on Orem's theory can improve the quality of life of hypertensive patients. Therefore, it is recommended that outpatient nurses for hypertensive patients apply this theory (Khademian, Ara, & Gholamzadeh, 2020).

## CONCLUSION

The results of this study support the view that community nurses can play a crucial role in providing effective care and education to the elderly population with hypertension. The results of this study provide comprehensive insight into the potential role of community nurses in the care of elderly people with hypertension and demonstrate the importance of ongoing efforts in improving their health well-being.

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<sup>1</sup>Jurusan Keperawatan Komunitas Fakultas Keperawatan Universitas Muhammadiyah Jakarta <sup>2</sup>Poltekkes Kemenkes Tasikmalaya Corresponding author: \*E-mail: syamikarbaridwan@umj.ac.id

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Lily Herlinah<sup>1</sup>, Uswatul Khasanah<sup>1</sup>, Syamikar Baridwan Syamsir<sup>1\*</sup>, Siti Badriah<sup>2</sup>

<sup>1</sup>Jurusan Keperawatan Komunitas Fakultas Keperawatan Universitas Muhammadiyah Jakarta <sup>2</sup>Poltekkes Kemenkes Tasikmalaya Corresponding author: \*E-mail: syamikarbaridwan@umj.ac.id

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