

ORIGINAL ARTICLE

Illness Perception and Self-management of Elderly With Hypertention

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ABSTRACT

Introduction: One of the degenerative diseases that affects the elderly is hypertension, which can impact social interactions, quality of life, and mental health. The perceptions of hypertensive patients who are still diverse are closely related to the way they deal with the disease. The purpose of this study is to identify correlation between illness perception and self-management of elderly with hypertension. **Methods:** Quantitative method with cross sectional design was approached in this study. 125 participants were involved by using purposive sampling technique. The Brief Illness Perception Questionnaire (Brief IPQ) and Hypertension Self-Management Behavior Questionnaire (HSMBQ) were used to measure illness perception and self-management. The correlation of two variables was analyzed by using Pearson Product Moment. **Results:** The results showed that the average score of illness perception in the elderly with hypertension was 50.34 (range 0-80) and self-management was 71.18 (range 0-100). Illness perception significantly positively correlated with hypertension self-management of elderly with hypertension (p value < 0.000 , $r = 0.590$), which it means higher the illness perception, it will improve the self-management. **Conclusion:** This result could be used as data to provide sources of information to the elderly with hypertension to further improve the perception of the disease in relation to daily self-management so that the elderly remain productive.

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INTRODUCTION

The elderly age group is vulnerable to various health problems due to the emergence of degenerative diseases, one of which is hypertension (1). Hypertension in the elderly can affect the psychological, quality of life and social. Psychological impacts include, the patient feels that his life is meaningless due to weakness and the disease process which is a long life disease (2). Individuals with hypertension and not undergoing routine treatment have a lower quality of life (3). The impact of social relationships makes it difficult for the elderly to concentrate, gets angry easily, feels uncomfortable and does not want to socialize due to uncomfortable conditions (4).

Hypertension affects the independence of the elderly (5). Research on the elderly in Shanghai, showed that elderly hypertension showed an inability

to carry out Daily Living activities by 32.47% (Su, et al., 2020). The inability to carry out activities results in the need for help from family members (6) so that it affects self-management.

Self-management one of the most effective strategies for the prevention and control of chronic diseases (7) especially the elderly with hypertension (8). The application of self-management consistently can improve the quality of life of the elderly (9). Uncontrolled hypertension can cause recurrence and cause further health problems (10).

Self-management has one important aspect, namely problem solving through self-regulation theory which suggests that an important component in the self-regulation process that affects the way individuals solve their health problems is illness perception (11). Someone who is experiencing a disease will form their own beliefs that can affect the way they respond to the illness they are experiencing (12).

Illness perception elderly hypertension in previous studies showed errors such as, hypertension does

not need serious treatment, is easy to recover, does not need medication and with increasing age, the normal limit will be higher (13). Previous research has shown a relationship between the perception of disease and self-management of diabetics in adulthood, where diabetes mellitus is a chronic disease. This study will examine the perception of disease and self-management in the elderly with hypertension.

Based on the results of a preliminary study conducted at the Public Health Center, hypertension is the second most common disease in the elderly. Researchers have also conducted interviews with 5 hypertensive elderly who visited the Public Health Center, from the results of these interviews, it was found that 3 elderly people did not think about blood pressure when eating food, did not regularly visit health services and did not routinely take antihypertensive drugs. The reason for patients not being obedient in carrying out treatment is because they will continue to have hypertension and do not change their condition even though they have carried out doctor's recommendations.

Based on the phenomena described above, researchers are interested in conducting a study entitled "Correlation of Illness Perception with Hypertension Self-Management in the Elderly at Panghegar Health Center".

MATERIALS AND METHODS

Samples

The research method used quantitative research with descriptive correlation and cross-sectional design. The sample of this study was the elderly with hypertension who visited Panghegar Health Center totaling 114. The sampling technique used non-probability by purposive sampling. The criteria of sample in this study were based on the inclusion criteria: (1) people who are 60 years and above, (2) absence of cognitive impairment by a score over 24 in MMSE (Mini Mental State Examination), (3) be able to communicate in Indonesian language, both verbally and written. During the study, elders with hypertension were excluded if (1) have other comorbid diseases (2) elderly newly diagnosed with hypertension

Instruments

The Brief Illness Perception Questionnaire was used for the illness perception variable with 8 question items in the form of intervals and 1 question item ordered based on the respondent's answers. The Hypertension Self-management. Behavior Questionnaire was used for the self-management variable with 25 question items.

Statistical Analysis

Stages of data processing through editing, coding, processing and cleaning. Bivariate analysis using Pearson Product Moment, which has previously been tested for normality and linearity test.

Ethical Approval

This research received ethical approval from the ethics committee of Sekolah Tinggi ILMU Kesehatan Santo Borromeus with no 059/STIKes-SB/Ethik/Has/VII/2022 dated on 13th July 2022.

RESULTS

Table I shows that the average age of the respondents was 67.68 years. The frequency distribution of respondents shows that more than half of the respondents (58.8%) are female, the elderly suffer from hypertension most (44%) are in the range of 6-10 years, most (82%) of the respondents live with their families, most of them live with their families. (43.2%) of respondents were at the elementary school level and most (55.2%) of respondents did not work.

The average illness perception score on table II showed that the average illness perception of the elderly was 50.34 (SD = 12.084) and the average score of hypertension self-management showed that the results of the study showed that the average self-management was 71.18 (SD = 15.103).

The frequency distribution of factors causing hypertension in the elderly (table III) shows the results of respondents' answers regarding the factors causing hypertension in the elderly at Panghegar Health Center. The results showed that the 3 main factors that most patients believed to be the cause of hypertension were diet (82.40%), age (61.60%) and stress (56.00%).

The results (table IV) showed that there was a significant correlation between illness perception and self-management of hypertension in the elderly at Panghegar Health Center ($p = 0.000$). The r value of 0.590 indicates the value of moderate strength. The direction of the correlation is positive, which means the higher the illness perception, the higher the self-management of hypertension in the elderly.

DISCUSSION

The study reported that respondents had an average illness perception on a medium scale. This is in line with previous research which explains that the perception of disease in the younger group has a lower illness perception score. This is because the elderly perceive hypertension as a threat that can

Table I : Frequency Distribution of Respondents by Gender, Length of Suffering from Hypertension, Living with Family, Education and Occupation of the Elderly (n=125)

Characteristics	Frequency	Percentage (%)
Age	Mean=67.68	SD=5.117
Gender		
Woman	73	58.4
Man	52	41.6
Duration of Hypertension		
1-5 years	43	34.4
6-10 years	55	44.0
>10 years	27	21.6
Living With Family		
Yes	103	82.4
No	22	17.6
Education		
Elementary	54	43.2
Junior High School	29	23.2
Senior High School	27	21.6
College	15	12.0
Occupation		
Self-employed	20	16.0
Retired	36	28.8
Doesn't work	69	55.2

Table II : Mean Illness Perception and Self-Management Scores in Hypertensive Elderly at Panghegar Health Centre (n=125)

Variable	mean	SD	Minimum	Maximum
<i>Illness Perception</i>	50.34	12.084	22	74
<i>Self-management</i>	71.18	15.103	43	99

Table III : Frequency Distribution of Factors Causing Hypertension in the Elderly at Panghegar Health Centre (n=125)

Factors Causing Hypertension	Frequency	Percentage (%)
Dietary habit	103	82.40%
Age	77	61.60%
Stress	70	56.00%
Sleep Pattern	39	31.20%
Physical Activity	34	27.20%
Descendants	33	26.40%
Complications	2	1.60%

Table IV : Illness Perception Correlation Analysis with Hypertension Self-Management in the Elderly at Panghegar Health Centre

	r	p value
Illness perception with self-management	0.590	0.000

endanger themselves (13). The illness perception factor for the elderly is on a medium scale, supported by previous research which reported that patients who had long suffered from hypertension had greater concerns than new patients (14). Based on research that has been done for a long time suffering from hypertension 55 (44%) elderly are in the range of 6-10 years.

Threats are perceived differently by each elderly. Previous research explained that the elderly with comorbidities have a threat of self-susceptibility to individual diseases (13). Another study explained that the understanding of hypertension is considered not so severe (15) so that it affects illness perception. Based on the results of research that has been carried out 3 main factors causing hypertension in the elderly at Panghegar Health Center are due to diet, age and stress.

The results of research on self-management of hypertension in the elderly at Panghegar Health Center showed that the average elderly had hypertension self-management on a medium scale, namely 71.18 (0-100). The results of this research that have been carried out are supported or the same as previous studies. The study reports that the elderly have fairly good self-management (13). The third equation of this study is the elderly population as respondents. With increasing age, efforts to form healthy living behaviors and understanding of hypertension are getting stronger so that elderly people with chronic diseases will form self-management behavior that motivates the elderly to carry out healthy lifestyle behaviors.

The results of previous studies showed that the elderly with hypertension had good social support from family, friends and society. This supports good self-management in the elderly with hypertension (14,16). Based on research that has been done that as many as 103 elderly living with their families (n = 125). Previous research explains that someone who has been on treatment for a long time has more experience so that they are better in self-management and is also related to a good relationship between patients and health workers when carrying out routine checks (14).

The results showed that there was a significant

relationship between illness perception and self-management of hypertension in the elderly at Panghegar Health Center. The results of this study are in line with previous research. The similarities of the three studies are respondents with chronic diseases. Previous research has shown that the more serious a person's perception of a disease, the reater the need to seek treatment

Illness perception possessed by a person acts as a driving force and starting point for coping and action plans for illness. The higher the illness perception, the higher the self-management. The perceptions formed will be the basis for designing coping behaviors against hazards that threaten individual health. Perception of disease becomes a guide in choosing disease control strategies (1).

Previous research explained that the longer a person suffers from hypertension, the greater the worry, this makes a person aware of maintaining health by complying with the treatment that is undertaken related to self-management (14).

CONCLUSION

Based on the results of the research on the correlation between illness perception and self-management of hypertension in the elderly at Panghegar Health Center, the following conclusions can be drawn there is a significant correlation between illness perception and self-management of hypertension in the elderly at Panghegar Health Center.

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