

Improving Family Independence in Hypertension Management through a Nursing Process Approach: A Case Study on Mrs I's Family in Garut Regency, Indonesia

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Abstract: Family independence in managing hypertension is a key factor in achieving optimal quality of life. This study aims to improve the independence of Mrs I's family in Garut Regency through a family-based nursing process approach. The method used is a descriptive case study with data collection techniques including observation, interviews, documentation studies, and physical examinations. The results of the assessment showed that Mrs I's family was included in the Family Independence I (KM I) category, where they were aware of the problem of hypertension but did not understand the proper treatment. Nursing interventions focused on health education, medication management, and psychosocial support with a local cultural approach. Evaluation showed an increase in family independence to KM III, characterized by the family's ability to take preventive and promotive actions independently, such as routine control, low salt diet, and medication adherence. This study concludes that a contextualized family-based nursing approach involving active participation of family members is effective in improving the independence of hypertension management. The implication is that nurses need to master therapeutic communication and culture-based interventions to optimize community nursing practice.

Keywords: Hypertension, family independence, nursing process, family-based approach, health education

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Introduction

Health is the fundamental foundation for achieving optimal quality of life. World Health Organization (WHO, 2023) defines health as a state of complete physical, mental, and social well-being, not merely the absence of disease. In Indonesia, this concept is reinforced through Law No. 36 of 2009 on Health, which emphasizes the importance of physical, mental, spiritual, and social aspects in supporting individual

productivity (Kemenkes RI, 2009). In this context, family nursing plays a strategic role as the frontline of the healthcare system, particularly through a holistic family-based approach (Friedman, 2022). This approach is increasingly relevant as the family is the smallest social unit that directly influences the health behaviors and decisions of its members (Glanz, 2023).

Hypertension, or high blood pressure, has become a serious global health challenge. Dubbed the

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"silent killer," this condition often progresses without clear symptoms until it causes damage to vital organs (Mills, 2020). Epidemiological data in Indonesia reveals alarming trends. The 2018 Basic Health Research (Riskesmas) recorded a hypertension prevalence of 34.1%, a significant increase from 25.8% in 2013. The situation in West Java, particularly Garut Regency, is no better, with only 29.7% of hypertension cases receiving medical treatment in 2021 (Dinkes Jabar, 2022). Key risk factors include sedentary lifestyles, excessive salt consumption, obesity, and genetic predisposition (Unger, 2020). More concerning, data shows that only 25% of hypertensive patients adhere to regular treatment (Dinkes Jabar, 2022), highlighting gaps in the healthcare system.

Based on preliminary observations in Buleud Village, Garut, several hypertension-related issues were identified: (1) low community awareness of hypertension risks, (2) limited access to healthcare facilities, and (3) strong influence of local culture on lifestyle. The researchers hypothesized that a structured family nursing approach could improve treatment adherence and healthy behavior changes among hypertensive patients in the village. This approach was deemed suitable because it: (1) leverages the strong family structure in rural communities, (2) integrates local cultural aspects into health interventions, and (3) enables sustained support.

Hypertension management requires comprehensive strategies. The Indonesian Ministry of Health (2023) emphasizes early detection and community-based education, while the Indonesian Society of Hypertension (InaSH, 2022) recommends integrated management at primary healthcare facilities. However, significant challenges remain in implementation, especially in rural areas like Buleud. Thus, this study proposes a contextual family nursing intervention model, considering: (1) sociodemographic conditions, (2) local wisdom in health management, and (3) optimization of village health workers' roles.

Method

This study employed a descriptive case study method with a nursing process approach. Data were collected through observation, interviews, documentation reviews, literature studies, physical examinations, and active researcher participation. Observations involved direct monitoring of the patient's condition, while interviews gathered verbal and nonverbal information from the patient and nurses. Documentation reviews included medical records and patient status notes, and literature studies analyzed relevant sources. Physical examinations covered vital signs and general condition assessments, alongside

active involvement in nursing care to obtain firsthand data.

Result and Discussion

The family nursing practice for Mrs. I in Buleud Village, Jati Subdistrict, Tarogong Kaler District, Garut Regency, exemplifies the application of a family-based nursing process for chronic disease management, particularly hypertension (Moradian, 2018). This approach follows the five stages of the nursing process—assessment, diagnosis, planning, implementation, and evaluation—as outlined in national nursing standards (PPNI, 2018). Assessment revealed that Mrs. I's family was a single-parent household with open communication and a structure rooted in Islamic values and Sundanese traditions. The physical environment was supportive, with adequate ventilation, lighting, and clean water access. Economically, the family met daily needs through the deceased husband's pension and the daughter's (Ms. Y) income but lacked savings.

The family's independence level was categorized as Family Independence Level I (KM I), indicating awareness of the health problem but limited understanding of proper management. For instance, they purchased antihypertensive medication (amlodipine 5 mg) without routine check-ups or a low-salt diet. Physically, Mrs. I remained stable, with headaches, palpitations, and knee pain not yet disrupting daily activities.

Nursing diagnoses followed the Indonesian Nursing Diagnosis Standards (SDKI), including:

1. Knowledge deficit about hypertension.
2. Ineffective family health management due to limited decision-making.
3. Chronic pain requiring attention despite no functional impairment.

Interventions aligned with the Indonesian Nursing Intervention Standards (SIKI) and Outcome Standards (SLKI), focusing on:

1. Health education (disease, medication, diet, exercise).
2. Family coping enhancement and anticipatory guidance.
3. Religious belief support as a family cornerstone.

Implementation adapted to the family's unique characteristics, using Sundanese language and informal communication. Key activities included hypertension education, decision-making capacity building, and home-based range-of-motion exercises. The daughter, as the primary caregiver, played a pivotal role in successful intervention uptake.

Evaluation showed improvement from KM I to KM III, with the family independently conducting preventive/promotive actions (routine check-ups, low-

salt diet, medication adherence) (Widagdo, 2016). Success was attributed to:

1. Culturally sensitive interventions.
2. Trust-based nurse-family rapport.

The daughter's higher education level facilitating information absorption.

Conclusion

This study demonstrates that a family-based nursing approach incorporating cultural, psychological, and social aspects effectively enhances family independence in hypertension management. Active family participation, contextual education methods, and empowerment in health decision-making are key strategies for building resilience against chronic diseases. Implications include the need to strengthen nurses' therapeutic communication skills, family-centered interventions, and culturally adapted education modules.

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Author Contributions

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Conflicts of Interest

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