

Enhancing Family Health Management in Hypertensive Patients: A Case Study

Alvi Riansyah^{1*}, Gin Gin Sugih Permana², Dian Roslan Hidayat³, Eva Daniati⁴

^{1,2,3,4}Nursing Diploma III, Karsa Husada College of Health Sciences, Garut, West Java, Indonesia

Abstract: Hypertension is a highly serious non-communicable health problem. In the working area of the Tarogong Public Health Center, it ranks fifth among the top ten most prevalent diseases. This condition requires proper management to prevent adverse effects on the family's overall functions and roles. This study aims to describe the implementation of direct and comprehensive family nursing care for a family with a hypertensive member. This research uses a descriptive method with a case study approach focusing on one family (Mr. A's family, specifically Mrs. R) in the Tarogong Public Health Center's working area. Data collection techniques include interviews, observations, and physical examinations. Based on the assessment, the primary nursing problems identified were ineffective family health management and ineffective coping. After receiving nursing interventions for three days, the family demonstrated significant behavioral changes by modifying their lifestyle through the adoption of a low salt diet and actively utilizing healthcare facilities. The implementation of structured and comprehensive family nursing care has been proven to improve clinical outcomes and the client's quality of life by enhancing the family's independence in managing health problems.

Keywords: Family Nursing Care, Hypertension, Health Management, Coping Strategy, Case Study

Received: 12 April 2026

Revised: 15 April 2026

Accepted: 18 April 2026

Published: 30 April 2026

Corresponding Author: Alvi Riansyah

Author Name*: Alvi Riansyah

Email*: alviriansyah@gmail.com

DOI: <https://doi.org/10.63166/ncs5e271>

© 2026 The Authors. This open access article is distributed under a (CC-BY License)



Phone*: +62 877-2756-3466

Introduction

Hypertension remains a serious global health threat and is one of the leading causes of mortality worldwide (Unger, 2020). In Indonesia, according to the Basic Health Research (Riskesdas) data, the prevalence of hypertension among the population continues to be a primary focus of public health interventions due to its persistently high rates (Kemenkes RI, 2018). This upward trend is also clearly reflected at the regional level, particularly in Garut Regency. Based on data from the Tarogong Public Health Center (Puskesmas), hypertension ranks fifth among the most prevalent diseases, recording a significant figure of 2,568 cases in 2024 (Kemenkes RI, 2023; Puskesmas Tarogong, 2024).

If left inadequately treated, hypertension can have devastating consequences. Physically, this condition is a major risk factor for fatal cardiovascular complications, such as heart failure, stroke, and kidney damage (Mussakkar & Djafar, 2021). However, the impact of hypertension is not confined solely to the individual patient's physical health. This chronic disease can significantly disrupt the overall balance, functions, and roles within the family unit (Mussakkar & Djafar, 2021a). A patient's decline in productivity directly affects the family's socioeconomic status while simultaneously increasing the psychological burden on other family members who must assume daily caregiving roles and responsibilities (Nadirawati, 2018).

How to Cite: Riansyah, A., Permana, G. G. S., Roslan Hidayat, D., & Daniati, E. (2026). Enhancing Family Health Management in Hypertensive Patients: A Case Study. *Nursing Case Insight Journal*, 4(1), 5-7. <https://doi.org/10.63166/ncs5e271>

In dealing with these complex conditions, the family plays an essential role as the primary support system in disease management. Hypertension care at home heavily relies on the family's ability to make informed decisions and perform health tasks consistently (Zhou et al., 2021). The active involvement of the family such as facilitating lifestyle modifications through a low-salt diet, monitoring medication adherence, and creating a low-stress environment is crucial in determining the success of treatment and the prevention of complications (Wulandari et al., 2022).

Given the profound impact of hypertension and the vital role of the family in its management, a holistic and continuous approach to nursing practice is required (Puskesmas Tarogong, 2024). Therefore, this case study aims to explore and apply a comprehensive family nursing care process to a patient with hypertension. It is hoped that through this approach, the family's independence in caring for their sick members can be enhanced, which will ultimately have a positive impact on improving the overall quality of life and health status of the family.

Method

This study employed a descriptive case study method with a family nursing process approach. Data was collected through interviews, observation, physical examinations, documentation reviews, and literature studies. Observations involved direct monitoring of the client's condition, the family, and the home environment, while interviews gathered direct information regarding the health and nursing problems faced by the family. Physical examinations were performed using inspection, palpation, auscultation, and percussion methods to determine the family's health status. Furthermore, documentation reviews were utilized to gather supporting health data, and literature studies collected relevant sources and data from books and the internet to support the research report. The diagnose, outcome and intervention were carried out in accordance with the Indonesian Nursing Intervention Standards (SIKI) which are evidence-based (EBP) (Tim Pokja SDKI DPP PPNI, 2017; Tim Pokja SIKI DPP PPNI, 2018; Tim Pokja SLKI DPP PPNI, 2022).

Result and Discussion

The results of the nursing assessment in Mr. A's family revealed that Mrs. R had suffered from hypertension for 10 years, with primary complaints of headaches and a blood pressure reading of 180/100 mmHg. The data indicated risky health behaviors, such as a habit of consuming high salt foods (consuming *bakso* twice daily) and the family's tendency to prioritize self-medication with over-the-counter drugs before visiting

health facilities (Mussakkar & Djafar, 2021). Furthermore, Mrs. R's family appeared confused and uncertain about the details of her hypertensive condition. Based on these findings, two primary nursing diagnoses were established: Ineffective Family Health Management (D.0115) and Ineffective Coping (D.0096).

The initial ineffectiveness of health management in this case was triggered by a lack of information exposure and errors in setting care priorities. According to family nursing theory, poor health management is often rooted in the family's inability to recognize problems and care for sick members due to limited knowledge. This is consistent with recent research stating that low health literacy significantly contributes to the failure of blood pressure control among hypertensive patients in the community (Purnama et al., 2024).

Through collaborative education and decision-making support, conducted over three days of visits through collaborative education and decision-making support proved effective in transforming the family's condition. Mrs. R, who initially exhibited a "resigned" (*pasrah*) attitude and perceived her illness as God's will without seeking routine medical efforts, shifted toward having a strong determination to recover. This change in coping occurred because the intervention process not only provided information but also facilitated the family in clarifying their values and expectations regarding health. The final evaluation showed an increase in family independence, where they were able to explain the disease process, independently plan a low-salt diet, and commit to regular check-ups at the Public Health Center. This success confirms that empowering educational approaches are more effective than mere one-way instructions in improving chronic disease management (Wulandari et al., 2022).

Conclusion

The implementation of family nursing care for Mrs. R, conducted from February 23 to April 3, 2026, demonstrated success in enhancing family independence in managing hypertension. During this period, two primary diagnoses ineffective family health management and ineffective coping were successfully identified and addressed through a structured approach. The evaluation results on the third visit showed that the family had gained a deep understanding of the health issues, made appropriate care decisions, and could provide independent care for the sick family members. This success was characterized by the client's lifestyle changes, specifically in restricting salt intake, and a strong commitment to regular health check-ups at healthcare facilities.

Acknowledgments

The authors would like to express their deepest gratitude to Mrs. R and her family for their willingness to cooperate and participate in this nursing care case study. Sincere appreciation is also extended to the academic community of STIKes Karsa Husada Garut for their continuous institutional support and guidance. Furthermore, the authors thank the Tarogong Public Health Center (Puskesmas Tarogong) for providing the necessary health data and cooperation during the research process.

Author Contributions

The author maintains full transparency regarding potential conflicts of interest, confirming there are no financial or personal relationships that could influence the objectivity of this work.

Funding

This research received no external funding.

Conflicts of Interest

The author declares no financial or personal relationships that could influence the objectivity of this work. There are no competing interests to disclose regarding this case study.

References

1. Kemenkes RI. (2018). *Riset Kesehatan Dasar (RISKESDAS)*.
2. Kemenkes RI. (2023). *Laporan Kinerja Kementerian Kesehatan Tahun 2022*.
3. Mussakkar, M., & Djafar, T. (2021). *Promosi Kesehatan: Penyebab Terjadinya Hipertensi*. CV. Pena Persada.
4. Nadirawati. (2018). *Buku Ajar Asuhan Keperawatan Keluarga: teori dan aplikasi praktik*. PT Refika Aditama.
5. Purnama, A., Sutria, E., & Asrul, N. A. M. (2024). Peningkatan kesehatan keluarga dengan hipertensi menggunakan pendekatan McGill Model of Nursing: Laporan kasus. *Malahayati Nursing Journal*.
6. Puskesmas Tarogong. (2024). *Laporan Tahunan Kriteria 10 Besar Penyakit di Wilayah Kerja PTM Tarogong 2024*.
7. Tim Pokja SDKI DPP PPNI. (2017). *Standar Diagnosis Keperawatan Indonesia Definisi dan Indikator Diagnosis* (2nd ed.). DPP PPNI.
8. Tim Pokja SIKI DPP PPNI. (2018). *Standar Intervensi Keperawatan Indonesia* (2nd ed.). DPP PPNI.
9. Tim Pokja SLKI DPP PPNI. (2022). *Standar Luaran Keperawatan Indonesia (Definisi dan Kriteria Hasil Keperawatan)* (3rd ed.). DPP PPNI.
10. Unger, T. (2020). *International Society of Hypertension Global Hypertension Practice Guidelines*.
11. Wulandari, E., Handayani, R., & Susilo, N. (2022). Dukungan keluarga dalam kepatuhan minum obat dan diet pada pasien hipertensi. *Jurnal Keperawatan Komunitas*, 8(12), 112–120.
12. Zhou, B., Perel, P., Mensah, G. A., & Ezzati, M. (2021). Global epidemiology, health burden and impacts of health systems interventions for hypertension. *Nature Reviews Cardiology*, 8(11), 748–773.