THE CORRELATION OF SELF MANAGEMENT BEHAVIOR WITH QUALITY OF LIFE IN PATIENTS WITH PRIMARY HYPERTENSION

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ABSTRACT
Hypertension is a cardiovascular disease that is a major concern because of the high morbidity and mortality rates. Uncontrolled hypertension will cause various complications will interfere quality of life the patient with hypertension. Quality of life in hypertensive patients is influenced by the severity and severity of complications experienced by the patient. Self management behavior as a disease management to support patients with chronic diseases, behavior modification is very useful to reduce or delay the adverse effects of hypertension. The purpose of this study was to determine the correlation between self-management behavior and quality of life in patients with primary hypertension at UPTD Puskesmas Manggis I Karangasem. This research is a descriptive quantitative correlational research with a cross sectional approach. The sample of this study was 79 respondents who were selected through simple random sampling technique, data analysis used Spearman Rank test. The results showed that 31 respondents (39.2%) had good self-management behavior and 34 respondents (43.1%) had good quality of life. The results of the Rank Spearman test, p value = 0.000 ($\leq$0.05) showed a significant correlation between self-management behavior and quality of life in patients with primary hypertensive. The correlation coefficient value (r) 0.835 means a very strong correlation between self-management behavior and quality of life. Nurses are expected to be able to provide education about self-management behavior that they can improve the quality of life patients with hypertension.

Keywords: self management behavior; quality of life; primary hypertension

INTRODUCTION

Heart and blood vessel disease (cardiovascular) is a major health problem in both developed and developing countries and is the number one cause of death in the world every year (Cahyani, 2019). Hypertension is the third biggest risk factor that causes premature death because it can trigger congestive heart failure and cerebrovascular disease (Yogiantoro, 2016). A gradual increase in blood pressure (resistance) can cause damage to the kidneys (kidney failure), heart (coronary heart disease) and brain (causes stroke) if not detected early and receive adequate treatment. Many hypertensive patients with uncontrolled high blood pressure and the number continues to increase). This condition can affect the quality of life of people with hypertension (Dinkes, 2019).

Data from the World Health Organization (WHO) in 2015 showed that around 1.13 billion people in the world had hypertension, meaning that 1 in 3 people in the world was diagnosed with hypertension. The number of people with hypertension continues to increase every year, it is estimated that by 2025 there will be 1.5 billion people affected by hypertension, and it is

estimated that every year 10.44 million people die due to hypertension and its complications (WHO, 2020). The Institute Health Metrics and Evaluation (IHME) in 2017 stated that 23.7% of the total 1.7 million deaths in Indonesia were caused by risk factors for blood pressure (hypertension). In Indonesia alone, the prevalence of hypertension based on the measurement results in the population aged 18 years is 34.1%, for the highest case of hypertension in South Kalimantan at 44.1%, while the lowest is in Papua at 22.2%, this figure has increased by 7, 6% compared to the results of Riskesdas 2013 which was 26.5% (RISKESDAS, 2018). The estimated number of hypertension in Indonesia is 63,309,620 people. Hypertension occurs in the age group 31-44 years (31.6%), age 45-54 years (45.3%), age 55-64 years (55.2%). From the prevalence of hypertension of 34.1%, it is known that 8.8% of people diagnosed with hypertension and 13.3% of people diagnosed with hypertension do not take medication and 32.3% do not take medication regularly and the proportion of people who eat less vegetables and fruit is 95.5%. , the proportion of lack of physical activity is 35.5%, the proportion of smoking is 29.3% the proportion of obesity is 21.8%. Based on data from the Bali Provincial Health Office, the prevalence of hypertension in Bali is 29.1% (Dinkes, 2019). The prevalence of hypertension occupies the second position in Karangasem Regency with 9,251 cases (Karangasem District Health Office, 2018). In the UPTD of the Manggis Health Center 1 the number of cases of Primary Hypertension in 2019 was reported as 2,962 (UPTD Puseksmas Manggis I, 2019). Primary hypertension cases were the first most common disease in UPTD Manggis Health Center 1 (UPTD Manggis Health Center 1). Based on Medical Record data at the UPTD of the Manggis 1 Health Center in 2020, cases of primary hypertension visits in the last 3 months were 363 people.

The incidence of mortality and morbidity of hypertension can be reduced by controlling blood pressure. Hypertension can be controlled in several ways, namely adherence to medical therapy, lifestyle changes and positive health behaviors (Alfian, 2017). Uncontrolled hypertension will cause various complications, if it affects the heart, it may cause myocardial infarction, coronary heart disease, congestive heart failure, if it affects the brain, a stroke will occur, hypertensive encephalopathy, and if it affects the kidneys, chronic kidney failure will occur, while if it affects the eyes, retinopathy will occur. hypertension. The impact of hypertension will interfere with the patient's quality of life (Mello, 2013). There is a correlation between hypertension and decreased quality of life, elderly with hypertension 4.6 times their life is less qualified than the elderly who do not have hypertension. Quality of life is an important indicator to assess the success of health care interventions, both in terms of prevention and treatment. Quality of life includes not only the physical domain, but also performance in playing social roles, emotional state, intellectual and cognitive functioning as well as feelings of well-being and life satisfaction (Alfian, 2017).

Quality of life is very important for everyone. According to the Center for Disease Control and Prevention, quality of life is a term to express a sense of well-being in the form of satisfaction and happiness. A decrease in the level of quality of life in several aspects or dimensions of quality of life will occur in patients with hypertension when compared to patients who have normal blood pressure and do not take medication. Quality of life in hypertensive patients is influenced by the severity and severity of complications experienced by the patient. One of the efforts to prevent complications of hypertension is to increase the prevention of hypertension. Self-management as a disease management in everyday life. Self-management programs were developed to support patients with chronic diseases, behavior modification is very useful to reduce or delay the adverse effects of hypertension (Mulyati, 2013). Self-management is a cognitive-behavioral strategy that aims to help clients change their negative behavior and develop positive behavior by observing themselves; records

certain behaviors (thoughts, feelings, and actions) so that they can affect the quality of life of patients with chronic diseases (Isnaini, 2018). The study (Agastiya, 2020) entitled "The Correlation of Self-Efficacy with Self Management Behavior in Hypertensive Patients in the Work Area of Puskesmas III North Denpasar" showed significant results with a p-value of 0.000 ($p < 0.05$ that there was a relationship between self-esteem and self-efficacy). Efficacy with self management behavior in hypertensive patients in the Work Area of Puskesmas III North Denpasar.

Self management behavior (SMB) very important role in managing chronic disease activities, coping management and managing conditions caused by chronic diseases. Self management behavior that is carried out effectively is useful for increasing patient satisfaction in living life, reducing treatment costs, increasing self-confidence, patient independence and improving patient quality of life. Based on the description of the background above, the researchers are interested in conducting research on the correlation between self-management behavior and quality of life in patients with primary hypertension in Puskesams UPTD Puskesmas Manggis I Karangasem.

METHOD
The type of research used is a correlational quantitative research design with a cross sectional approach. The population in this study were 363 people, the number of samples was 79 respondents who were selected through probability sampling technique with simple random sampling. Univariate analysis is the presentation of the frequency distribution covering the characteristics of the respondents and the two research variables. Bivariate analysis using Spearman Rank Correlation test

RESULTS

Table 1.
Characteristics of Respondents Based on Age

Age	Min	Max	Mean	SD	95% CI	N
45-64	45	64	53.8	6,0	52,4	79

Table 1, it is found that the average age of the respondents is 54 years old.

Table 2.
Characteristics of Respondents Based on Gender, Education, and Occupation

Karakteristik	f	%
Gender, Education, Work		
Male	35	44,3
Female	44	55,7
Education		
Not school	6	7.6
Elmentary school	27	34,2
Junior high school	20	25,3
Senior high school	23	29,1
College	3	3,8
Job	79	100
Work		
unemployment	7	8,9
Government employees	9	11,4

Karakteristik	f	%
self-employed	63	79,7
Total	79	100
Gender, Education, Work	35	44,3
Male	44	55,7
Female	79	100
Education	6	7.6

Table 2, female is 44 people (55.7%), elementary school education level is 27 people (34.2%), and 63 people (79,7%) work as self-employed.

Table 3.
Self Management Behavior of Patients with Primary Hypertension

Category	f	%
Good	31	39,2
Enough	30	38,0
Less	18	22,8

Table 3 menunjukkan that as many as 31 respondents (39.2%) have self-management behavior in the good category.

Table 4.
Quality of Life of Patients with Primary Hypertension

Category	f	%
Good	34	43,1
Enough	20	25,3
Less	25	31,6

Table 4 shows that as many as 34 respondents (43.1%) have a good quality of life.

Table 5.
The correlation between Self Management Behavior and Quality of Life of Patients with Primary Hypertension

Self Management Behavior	Quality of Life						Total		r_s	p-Value
	Good		Enough		Less					
	N	%	N	%	N	%	N	%		
Good	19	24.1	0	0	0	0	19	24.1	0,835	0.000
Enough	15	19.0	17	21.5	2	2.5	34	43.0		
Less	0	0	4	5.1	22	27.8	26	32.9		
Total	34	43.0	21	26.6	24	30.4	79	100		

Table 5, it is found that self management behavior is in the good category with good quality of life as many as 19 respondents (24.1%). The results of the statistical test obtained p value = 0.000, so it can be concluded that there is a significant correlation between self-management behavior and the quality of life of patients with primary hypertension at the UPTD Puskesmas Manggis I. The correlation coefficient (r) 0.835 means that there is a correlation is very strong and the direction of the correlation positive which explains that the better the self-management behavior, the better the quality of life in hypertensive patients.

DISCUSSION
The results showed that self-management behavior was in the good category as many as 31 respondents (39.2%), 34 respondents (43.1%) had a good quality of life. The results of the statistical test obtained a p value = 0.000, so it can be concluded that there is a significant relationship between self-management behavior and the quality of life of patients with primary hypertension at UPTD Puskesmas Manggis I. The results of this study are supported by previous research conducted by (Prasetyo, 2012) entitled " Analysis of Factors related to Self Care Management in Nursing Care of Hypertensive Patients at RSUD Kudus "that respondents who have good self care management are 49 (31.2%) people. Appropriate behavioral self-management activities in patients with hypertension are non-pharmacological activities in the form of lifestyle modification by taking medication recommended by doctors and including controlling diet, controlling weight, doing physical activity, stress management and avoiding smoking.

(Nwinee, 2011) explains that patients will carry out self care management activities based on 4 beliefs, namely perceived susceptibility to complications, severity of disease, benefits of self care management and barriers to self care management. Associated with the state of hypertension, it can be concluded that self care management in hypertensive patients will be influenced by the value or belief in the complications that arise from the hypertension experienced, the severity of the hypertension experienced, the importance related to the implementation of self care management that must be carried out and obstacles faced by hypertensive patients in performing self care management.

Various behaviors are needed to improve the ability of self-management behavior including self-integration, self-regulation, interaction with health workers, blood pressure monitoring, adherence to recommended rules that form beliefs related to hypertension control. Research (Johnson, 2016) shows that patients who are informed about a disease and how to treat it, are more likely to be successful in managing the disease. Self management behavior that is carried out effectively is useful for increasing patient satisfaction in living life, reducing treatment costs, increasing self-confidence, patient independence, and improving patient quality of life.

The results of this study are supported by (Ramadhan, 2019) that self-management interventions in people suffering from chronic diseases include activities that focus on patient needs, decision making, problem solving, emotional management, increasing patient's ability to manage disease conditions and encouraging patients to be active in health services. Several intervention options that can be carried out to carry out self-management are providing education and information using various media, handbooks for patients, conducting interviews and providing motivation by health service providers, support and motivation from peers, and implementing self-help programs. -management led by lay people who can provide inspiration, support and role models for patients.

The factors that influence self-management are age, gender, education, income, symptom severity, social support and comorbidities (comorbidities) in chronic disease sufferers. In this study, the average age of the respondents was 54 years, most of them were female and still working. Self care affects the quality of life through the learning process and improvement of physiological responses. Respondents who have good self-care skills better understand how to treat and what to do to overcome the physical and psychological stress they face. This can be seen from the answers to the questionnaire of respondents who have a good quality of life indicating a better way of treatment. This causes an improvement in the patient's

physiological and psychological responses, making the patient more comfortable, safe and independent. Improvements in patient's physiological and psychological responses that last a long time allow respondents to continue to learn to improve their self-care abilities. This learning process helps respondents improve their coping mechanisms and improve their quality of life. Research conducted by (Suryani, 2016) concluded that there is a relationship between hypertension and decreased quality of life, elderly with hypertension 4.6 times their life quality is less than the elderly who do not have hypertension.

CONCLUSION
The results showed that self-management behavior in the good category was 31 respondents (39.2%), 30 respondents (38%) were sufficient and 18 respondents (22.8%). The results showed that the quality of life in the good category was 34 respondents (43.1%), 20 respondents (25.3%) were sufficient and 25 respondents (31.6%).The results of bivariate analysis using Spearman rank analysis with a significance value of 5% obtained p value = 0.000, so it can be concluded that there is a significant correlation between self management behavior and quality of life of patients with primary hypertension in UPTD Puskesmas Manggis I. Correlation coefficient value (r) 0.835 means that there is a correlation is very strong and the direction of the correlation is positive which explains that the better the self-management behavior, the better the quality of life in hypertensive patients.

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