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The Relationship Between Self-Concept with Depression Degree in Hypertensive Patient

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ABSTRACT

In hypertensive patients, a negative self-concept (body-image, self- ideal, self-esteem, self-role and self-identity) will trigger a depression. The purpose of this study was to analyze the relationship between self-concept with the degree of depression in hypertensive patients at the Masalle Community Health Center, Masalle Sub District, Enrekang District. The subjects of this cross sectional study were 71 hypertensive patients selected by purposive sampling technique. Data were collected through questionnaire, then analyzed descriptively in the form of frequency and percentage, then continued with Chi square test, and ended with multiple linear regression test. The results of data analysis show that body-image and self-esteem is associated with the degree of depression in hypertensive patients.

Key words: Depression, Hypertension, Self-concept

INTRODUCTION

People who have a negative self-concept will see themselves as weak, powerless, incapable, incompetent, unsuccessful, unfortunate, unattractive, disliked, and deprived of attraction to life. They tend to feel pessimistic in the face of problems. Conversely, people with positive self-concept will be more optimistic, confident and always positive about everything, including the problems they are facing. Self-concept will affect people with chronic disease in assessing themselves (Saraswati, 2009).

In Indonesia, hypertension is the third cause of death (6.8%), after stroke (15.4%) and tuberculosis (7.5%) (Depkes RI, 2008). Hypertension can lead to both chronic physical and psychological complications. Physically, hypertension causes adverse effects on the blood vessels of the heart, kidneys, brain and eyes. Research in the UK reported that people with hypertension have a greater risk of panic, stress, and depression; Both occurring slowly and suddenly (Woolston, 2009 cit Sukmandari, 2010).

Patients with chronic hypertension will show changes in daily behavior, sometimes they will not eat again and are very disciplined in maintaining their diet for fear of increased blood pressure. They always feel worried and tend to despair because of their circumstances, insomnia, do not follow nurse advice, and always look sad and moody. This is a manifestation of the depression they experience, and this can inhibit the healing process.

During 2015, there were 427 hypertensive patients who visited Masalle Community Health Center, Masalle District, Enrekang District. Results of preliminary studies on 86 hypertensive patients, found 1 (1.1%) people who experienced depression at moderate levels and 37 (43.02%) people experience depression at a mild level. Based on the above explanation, it is deemed necessary to research about the relationship between self-concept (body-image, ideal self, self-esteem, self-role and self-identity) with the degree of depression in hypertensive patients at Masalle Community Health Center, Masalle District, Enrekang Regency, Indonesia.

METHODS

The population of this cross-sectional study was all hypertensive patients at Masalle Community Health Center, Masalle District, Enrekang Regency, Indonesia; during January to April 2016, with a population size of 86 people. The sample size was 71 people selected by purposive sampling technique. Data were collected through questionnaire which was modified from questionnaire made by Saraswati (2009), then analyzed descriptively in the form of frequency and percentage because it was categorical (Nugroho, 2014), then continued with Chi square test, and ended with Multiple logistic regression test.

Table	1. Distribution of body-image	ge	
Body-image	Frequency	Percentage	
Disturbed	16	53.3	
Not disturbed	14	46.7	
Total	30	100.0	
Tabl	le 2. Distribution of self-ideal	I	
Self-ideal	Frequency	Percentage	
Disturbed	8	26.7	
Not disturbed	22	73.3	
Total	30	100.0	
Table	e 3. Distribution of self-esteer	m	
Self-esteem	Frequency	Percentage	
Disturbed	15	50.0	
Not disturbed	15	50.0	
Total	30	100.0	
Tab	le 4. Distribution of self-role		
Self-role	Frequency	Percentage	
Disturbed	15	50.0	
Not disturbed	15	50.0	
Total	30	100.0	
Table	5. Distribution of self-identi	ty	
Self-identity	Frequency	Percentage	
Disturbed	18	60.0	
Not disturbed	12	40.0	
Total	30	100.0	
Table 6. Distribution	of depression degree of hype	ertensive patients	
Depression level	Frequency	Percentage	
Depressed	22	73.3	
Not Depressed	8	26.3	
Total	30	100.0	
Tabel 7. Result of Chi square test (d	ependent variable: depression	n degree of hypertensive patient	
Independent variabl	le OR	P Value	
Body-image	0.010	0.039	
Self-ideal			
Self-esteem	0.008	0.035	

Table 1. Distribution of body-image

The results of Chi square test (Table 7) showed that the relationship between body-image, self-ideal, self-esteem, self-role, and self-identity with the degree of depression; each had p-value <0.25 so that all these variables could be included in further analysis that is multiple logistic regression test.

1.247

1.252

0.002

0.034

Table 8. Final model of mul	ltiple logistic regression test
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Variables	В	Wald	OR (Exp. β)	95% CI	Value of p
Self-portrait	-2.87	4.96	0.01	1.04-2.60	0.039
Self-esteem	-3.08	5.82	0.03	1.07-2.86	0.035

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Self-role

Self-identity

The results of this last test showed that body-image and self-esteem were dominant factors associated with the degree of depression in hypertensive patients (Table 8).

DISCUSSION

The results showed that there was a relationship between body-image and depression degree in hypertensive patients. Body-image is part of a self-concept that includes attitudes and experiences related to the body, including views of masculinity and femininity, physical gait, endurance, and capability. Stressors that can cause changes in body image are stroke, amputation, blindness, aging, pregnancy, mastectomy, hypertension, obesity, physical changes in adolescents and others. Factors of the disorder of body-image, namely loss of body parts, changes in development and anxiety. These factors can cause a person to experience depression (Stuart, 2007). Hadi (2004) states that loss is a major factor underlying the onset of depression. Thus, a person with a disease, including hypertension, will tend to experience changes in body-image, so they are more susceptible to depression.

The results showed that there is a relationship between self-ideal with the degree of depression in hypertensive patients. Self-ideal is the individual's perception of how he or she should behave according to personal standards, which are shaped by the image of the desired type, the number of aspirations, values and goals to be achieved, based on the norms of society and the individual effort to fulfill. Ideal self-influenced by culture, family and individual abilities, should not be too high, but should be sufficient to provide continuous support to self-respect. Factors that affect the ideal self, among others, loss of hope, desire and ideals. Factors can cause a person to get depressed (Stuart, 2007). From the description above can be said that the self-ideal plays a major role in the occurrence of depression in patients with hypertension.

The results showed that there is a relationship between self-esteem with the degree of depression in hypertensive patients. Self-esteem is a personal assessment of the attainment of self by analyzing how far the behavior fulfills the ideal of self; One's view of himself as a whole is positive or negative, "most of the time i feel really good about my self". Self-esteem is obtained from self and others who are loved, cared for, and respect from others. Factors that cause disturbances in self-esteem include interpersonal relationships that are not harmonious, failure of development, failure to achieve life goals and failure in following moral rules (Stuart, 2007). Saraswati (2009) reported that self-concept (self-esteem included in it) correlates with the degree of depression in hypertensive patients.

The results show that there is a relationship between self-role with the degree of depression in hypertensive patients. The role is a set of behavioral patterns expected by the social environment, related to the function of individuals within social groups. Self-role disturbance can be caused by the loss of multiple roles and the inability to follow the moral rules (Stuart, 2007). The signs and symptoms of depression include loss of perspective in life, outlook on life, work and family becomes unclear. The symptoms above can cause a person to experience depression (Hawari, 2011).

The results showed that there is a relationship between self-identity with the degree of depression in hypertensive patients. Identity is self-awareness derived from observation and judgment, which is the synthesis of all aspects of self, as a whole unity, associated with feelings that are different from others, and related to gender (Kusumawati & Hartono, 2011). Causes of self-identity disorders include changes in development, trauma, gender and culture. The confusion of self identity can be a cause of mental disorders in adolescents such as confusion, identity, low self-esteem, depression, suicide and others (Dalami, 2009).

CONCLUSION AND SUGGESTION

Based on the results of this study concluded that body-image, self-ideal, self-esteem, self-role and selfidentity relates to the degree of depression in hypertensive patients. Furthermore, it is suggested that the hospital to improve health service to hypertension patient that includes physical and psychological service, nurse identify the cause of self concept and depression disorder, identify koping resources, help modify coping and provide counseling for client in using constructive coping strategy.

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