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Research Article

Health Care Functions of Elderly Families with Hypertension Who Live Alone Life in Bandung District (Phenomenological Study)

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Abstract

Aims: The aim of this research is to explore the health care function of families of elderly people with hypertension who live their lives alone in Bandung Regency.

Methods : This research design uses a qualitative method with an exploratory phenomenological approach. The number of participants was 7 people who conducted a focus group discussion (FGD).

Results : The results of this research obtained 5 themes, namely recognizing internal and external health problems based on reflex response, making decisions based on personal needs and complaints of the elderly, caring for oneself by preventing and strengthening positive energy, maintaining environmental health through dividing tasks and joint financial responsibility, and increasing optimization utilization of health services.

Conclusions : Research on elderly hypertension families reveals five main themes: understanding hypertension through psychological and physical responses, making decisions based on personal needs, self-prevention and positive energy, dividing environmental health and joint financial responsibility, and optimizing health facility use through PKM and Health Services.

Keywords:

Elderly, Family Function, Health Care, Hypertension Phenomenological Study

INTRODUCTION

The family is the smallest unit in society which is formed between family members, interacting, giving and helping each other as a unit of life. The researcher's experience in everyday life is witnessing and feeling as the main part of the family and part of the support system of the extended family. Especially in elderly family members who suffer from hypertension and live their own lives (single parents). The problems faced are not only for people with hypertension but will also have an impact on other family members(1).

Treatment for hypertension sufferers requires long-term care because

hypertension is a degenerative disease. Apart from that, hypertension has risk complications in other body system disorders, for example the potential for stroke, the potential for elderly people to experience accidents at home, urinary system disorders, and others, especially in elderly family members who have experienced degenerative body systems. The function of the family in providing support and support is very necessary, especially for someone who lives alone (2).

Hypertension is a degenerative disease that has risk complications for other body organs. The prevalence of hypertension increases every year. The predicted incidence of hypertension in 2030 will

reach approx. Meanwhile, basic health research data shows that the prevalence of hypertension in 2013 was 25.8%, experiencing an increase in 2018 of 34.1%. The prevalence figures found in Indonesia are like an iceberg. It is estimated that only 1/3 of hypertension cases are diagnosed, the rest are undiagnosed (3,4).

Health care for individuals suffering from hypertension, especially the elderly group living alone, requires functional family function. The family health care function is a vital consideration because it involves the availability of physical needs, food, clothing, shelter and health care. It is further explained that this function is not only a basic need but also a central focus in healthy and well-functioning families.

The role of nurses in carrying out their duties is to promote and practice family health which is the basic goal of family nursing. It is important to obtain information about family health practices to help families maintain and improve health. How well a family implements health practices to prevent and strengthen healthy family growth and development. One indication that is often used to assess the level of family functioning is the health level of all family members (5,6).

The concept of nursing theory that can be applied to individuals (elderly) suffering from hypertension who live their own lives is the concept of the Holistic Adaptive System model theory developed by Calista Roy in 1969. In this model, Roy explains that the environment is described as a stimulus (stressor) both from within (internal) and external (external) of the individual. Internal stimuli are mental processes and the human body in the form of experiences, emotional abilities, personality and biological stressor processes that originate from within the individual's body. Meanwhile, external stimuli can be physical, chemical or psychosocial which the individual accepts as a threat or disturbance (7).

According to Rachel, in providing nursing care to clients, nurses should view clients as

holistic beings consisting of biopsychosocial and spiritual. Adaptation to environmental changes occurs through internal processes (cognators and regulators). This change requires humans to maintain their integrity, namely continuous adaptation so that humans are called a holistic adaptive system (8,9).

Treatment efforts based on the concept of adaptation can be combined with the structural-functional family theory developed by M. Friedman. This theory aims to improve family health, including efforts to maintain the health of family members and improve the health of the family system. The first aspect, the emphasis is on all family members individually in the family context. Meanwhile, in the last aspect, the focus is on improving the health of the family system, both internally and in its interactions with external systems. Friedman's family nursing model describes family nursing practice based on the structural and functional dimensions of the family in improving family health, one of which is the function of family health care (10,11).

Referring to the definition of health according to WHO, in an effort to improve the highest level of health for elderly people with hypertension who live their lives alone, family health care practices are required to be able to provide quality services. Nurses as an integral part of the health service team play an important role in ensuring health and well-being for elderly people with hypertension who live their own lives through holistic nursing care which includes bio, psycho, social and spiritual.

The increasing tasks for family members who enter the elderly stage and the potential problems that can follow are adjusting to declining physical and health conditions, accepting the fact that oneself is old, and adjusting to the death of a husband/wife. This condition causes potential problems including decreased health, hypochondria, feelings of rejection, low self-esteem, loss of someone close to

you, grief, guilt, loneliness, and can even lead to depression.

Based on this, researchers feel it is necessary to qualitatively explore phenomenology to explore and understand and find solutions or problem solving to the phenomenon of biopsychosocial pressure experienced by elderly people with hypertension living their own lives by describing the facts obtained from participants regarding the importance of the function of family health care. through focus group discussions (12).

Focus group discussions were carried out because researchers wanted to obtain richer and more sensitive data or information, because in this method participants can provide valuable information by expressing their thoughts, feelings and experiences. The results of the discussion in the focus group discussion are an opinion and agreement from the participant group, in this case hypertension sufferers who live their own lives so that an SOP (Standard Operating Procedure) can be drafted regarding the implementation of health care functions for family members in order to minimize the various negative impacts that can occur. not expected. Therefore, as an initial stage, researchers are interested in researching the function of family health care for elderly people with hypertension who live alone in Bandung Regency (13).

METHODS

The research design used by researchers is a qualitative method with a phenomenological approach. Qualitative research is research that generally explains and provides understanding and interpretation of various individual behaviors and experiences in various forms (14,15). The type of phenomenological approach used in this research is an exploratory phenomenological approach, namely the researcher explores the participants' experiences, ideas and thoughts regarding what they experienced,

thought and planned. Researchers conducted participant exploration using the Forum Group Discussion (FGD) method so that interaction occurred between participants. The researcher carried out a feasibility test as an instrument, namely by carrying out a roll play as an effort to train and test the researcher's ability to interview participants during the data collection process and was approved by the supervisor to conduct research.

RESULT

The results of phenomenological research on the health care function of families of elderly people with hypertension who live their own lives have identified five (5) main themes, namely: 1) recognizing health problems internally and externally based on response reflection, 2) making decisions about health problems related to hypertension, 3) caring for family members who understand the health problem of hypertension, 4) maintaining the health of the surrounding environment, 5) increasing optimization of health services at community health centers. The following is a detailed explanation for each theme produced in this research:

Recognize health problems internally and externally based on response reflection

According to Suprajitno (16), the first stage of the function of family health care is for each family member to become familiar with family health problems. The indicators used are of course that health is a family need that should not be ignored because without health everything will be meaningless. Apart from that, because of health, sometimes all the resources and funds available in the family run out.

Early and correct recognition of health problems needs to be known by every family member, especially in families who are entering the stage of development of elderly families. According to M. Friedman (17), the final stage of development of an elderly family is the final stage of the family

cycle, one of the tasks of which is to continue to understand their existence. At the stage of development of elderly families, it is common for several health problems to arise, including decreased physical function and strength, psychophysiological vulnerabilities of the elderly. Even medically related functions (physical assessment, adverse reactions) and nursing functions (assessing the client's response to pain and treatment and coping abilities) are very relevant topics.

Paying attention to this description is in line with the results of research conducted by the author in exploring the health care function of families of elderly people, finding theme 1 which includes recognizing health problems, especially hypertension, in the elderly, providing reflections on psychological and physical responses. The psychological responses of elderly people with hypertension are shock, stress and fear. As described by the participants' experiences.

The psychological response that exists in elderly people with hypertension is of course a normal condition that must be adapted to. Moreover, the participant in the research was an elderly person who lived his own life. The research results that researchers can reveal are patterns of changes in habits/adaptations when recognizing initial health problems. When you still have a partner, there is a psychological response that is shared with your partner. Currently, the conditions for sharing psychological responses with a partner do not exist. The tendency of one's own psychological response so that stressors are quite high when facing initial health problems.

Roy's adaptation nursing model views humans as part of an adaptation system, namely a collection of interconnected units that have input, control processes, output and feedback. The control process is a coping mechanism that is manifested by specific adaptation. Humans in this system act as cognators and regulators to maintain

adaptation. There are four ways of adaptation, including adaptation to physiological functions, self-concept, role functions, and interdependence needs. In the nursing adaptation model, humans are seen as an open, adaptive, living system that exchanges energy with substances/objects and the environment.

Referring to Roy's adaptive nursing model, this turns out to be in accordance with the results of research conducted on 7 participants in responding to adaptation to changes that occur, including adaptation to physiological functions. The participants in responding to recognizing hypertension showed changes in adaptation to physiological functions, namely the body felt hot, the head was dizzy, the legs hurt, and other complaints.

The response to physiological changes faced by elderly people with hypertension shows that in general most patients have no complaints. As explained by P2 that; "The first time I felt symptoms of intestinal cramps. Then the child was taken to the clinic. When checked, the blood pressure turned out to be 160/80 mmHg. I was shocked, stressed even more, and the doctor told me not to stress." The same thing was explained by P3: P3: "Thank God, at first I felt hot and cold, then my child checked it and it turned out that his blood pressure had reached 190/90 mmHg. Then he was taken for treatment to the Cipacing clinic and his blood pressure was 190/88. "At first I was shocked, then when I went for treatment, I was told to take amnodravin and take vitamins." Also included is P5: "I felt hot and dizzy then went to the doctor and found that my blood pressure was 200/100 mmHg. Feeling stressed and confused. Actually, at the start of treatment, I went to the doctor not because of hypertension, just because there was heat and dizziness. So the doctor found out that he had hypertension."

Several participants who took part in this study showed symptomatic physiological responses, usually caused by several

conditions, namely: a) increased blood pressure itself, such as palpitations/feelings of floating and can also be impotent, b) heart disease/vascular hypertension such as rapid fatigue, shortness of breath, chest pain (myocardial ischemia or aortic dissection), swelling of both legs or abdomen, other vascular disorders such as epistaxis, hematuria, blurred vision due to retinal hemorrhage, transient cerebral ischemic, c) basic diseases such as secondary hypertension, namely polydipsia, polyuria, and muscle weakness in primary aldosterinism, weight gain with emotional lability in Cushing's syndrome.

Referring to the research results of Vitaliati (18), they found eight main themes, namely: (1) response to the high blood pressure disease suffered (2) first experience of hypertension (3) controlling it (4) overcoming it with medication (5) maintaining body health (6) changes in eating patterns (7) not smoking and drinking alcohol (8) family support. This shows the suitability of the results of the research conducted by the author, especially on the theme of recognizing health problems which provides a reflection of psychological and physiological responses. Several themes found from the research results of Vitaliati, et al are in accordance with those described by several participants in research conducted by researchers, including the theme of coping with medication. The participant who reported this was P4: "headache, fever, and body aches. In the past, my husband was still there and he was taken for treatment to the Mantri clinic. When I had the blood pressure it turned out to be high. "At first it was stressful and there was a feeling of fear," continued P4: "So I went to the doctor, why did I have a stomach ache or something else?" P5: "went to the doctor because my body was hot and dizzy." P7: "headache, body ache, went to Cikijing Community Health Center for treatment and found his blood pressure was 140 mmHg"

The responses described by participants in recognizing health problems related to hypertension in elderly people who live alone are in accordance with several theories and research results of other people (19,20).

Make decisions about health problems related to hypertension

The results of the research conducted found that family members of elderly people with hypertension who live their own lives make decisions based on two aspects, namely fulfilling personal needs and fulfilling complaint needs. Of course, fulfilling these needs refers to Maslow's theory which is very appropriate, where physiological needs as the first human needs are the basis for achieving basic needs.

The theme found in this research refers to the second family health task according to Suprajitno, namely deciding on appropriate health actions for the family. This task is the family's main effort to seek appropriate help according to the family's circumstances, taking into consideration who among the family has the ability to decide on the family's actions. It is hoped that the health actions taken by the family are appropriate so that health problems can be reduced or even overcome. If the family has limitations, they can ask for help from other people in the area where they live.

Referring to Suprajitno (16) opinion, the decisions taken by elderly family members are more about fulfilling personal needs because the participants in this research are elderly people who live their own lives. Decision making changes when participants no longer have a previous life partner. Many decisions are taken alone even though there are other family members in the house. For example, the results of the FGD that the researcher conducted on 7 participants in the independence category showed that the results of the research were that they faced themselves (4 participants), with the help of children (3 participants). As the following participant expressed: P7: "It's normal for someone to be indifferent, but I've already

faced it." Alone. Then if you check if your blood pressure is high, take medicine and the grandchildren like to buy it." P4: "Yes, hare-hare (indifferent), just handle it yourself, yes, that's what children call it, but if there are continuous complaints of illness, the child also takes it -child" P1: "Yach has to understand it himself, treat it himself, sometimes there is indifference. If you have hypertension, you have to know the medicine and don't take too much medicine."

Referring to the results of research conducted by the author, most decisions were taken independently. Likewise, in making decisions, personal fulfillment decides for itself how to live one's life. As explained in the results of the FGD that researchers conducted on 7 participants in making decisions about personal fulfillment needs, there was sufficient information to fulfill personal needs at home for 2 participants and 4 participants by walking and chatting/huddled. As the following participant said: P4: "if you rarely go anywhere at home, hang out at home while selling, just hang out while selling at the stall." P5: "Go to the rice fields, while also walking around the fields to get some fresh air." P7: "I remember having hypertension, remember, so if you get a bit dizzy, tell yourself to be healthy and always be healthy." P6: "I just stay at home washing the dishes." P1: "I like walking, often watching TV. So that I don't get senile, I like to take part in teaching at Kesran Vocational School, or look for friends at the mosque to chat."

Referring to the results of research conducted by researchers, decision making related to health problems in elderly people with hypertension is to fulfill needs, both personal and complaints. Decision making is mostly done by yourself.

Caring for family members who understand the health problem of hypertension

From the results of this research, the results of the analysis found theme 3 from 7 participants, namely caring for family

members based on two categories of self-prevention and strengthening positive energy. The purpose of self-prevention was the results of the FGD from 7 participants in caring for family members with hypertension through self-prevention by participants from diet (4 participants) and exercise/going for walks (3 participants). While strengthening positive energy from 7 participants, information was obtained about 1 participant reciting the Koran and 4 participants treating their illness happily. As expressed by P3: "I'm just happy, to avoid complications of hypertension by going for a walk, so the disease goes away. In my opinion, if you are happy and don't think too much, the disease will disappear." P7's statement: "I don't think much, just ignore it, if I'm sick I don't care, if I think about it I get stressed, just be cool and enjoy dealing with it. If I think about being sick, I actually become sick. Just enjoy it, God willing, leave it to the Creator so that the disease can be eliminated."

There are research results from Chin, et al which found that there were 3 main themes, namely adherence to taking hypertension medication, self-management of hypertension, poor adherence to medication. The use of herbal and traditional therapies is considered an alternative method of controlling blood pressure rather than taking hypertension medication. Shows that caring for sick members does not have to be oriented towards using medicines but there are several other options such as using herbal and traditional therapies. In accordance with research conducted, there were several participants in this study who treated their hypertension without using medication. In this study, 2 participants treated hypertension with herbal medicine. As stated by P2: "I rarely take medicine if I have high blood pressure, I boil saladry as a herbal medicine that I make myself", and P6: "what I do to treat my hypertension is boil starfruit leaves myself", and P4: "boil bay leaves and ginger, or including whole boiled lemongrass leaves?".

According to Suprajitno, of course caring for sick family members refers to the task of family health nursing. Often the family has taken appropriate and correct action, but the family has limitations that the family itself knows. If so, family members who experience health problems need to receive further action or treatment so that more serious problems do not occur.

Maintain the health of the surrounding environment

The results of the research conducted by the author found that the theme of maintaining environmental health is based on two categories, namely: 1) division of tasks to maintain the environment and joint financial responsibility. The distribution of environmental maintenance tasks for elderly family members with hypertension turned out to be carried out by 2 participants themselves and 4 participants by their children. As P1 said: "In keeping the home environment clean, in my opinion it seems that the children have maintained good home health. For example, if I smoke, I tell them to get out or move to the kitchen. If I enter the house it smells of cigarette smoke, I like being asked if I smoke, I'll get caught", P6: "sweep the beberes (cleaning), if my daughter-in-law is the one who cleans (cleans) I am the one who looks after her child", P5: "I also take care of my child." tidy up (clean up)", P7: "at home with grandchildren, children and in-laws. But they rarely clean up. So it's just me.

Environmental health maintenance is also developed in relation to the financial capabilities of elderly family members with hypertension. The research results showed that 3 participants obtained sufficient information that they had their own financial resources, while 4 participants were helped by their children. As P3 said: "If I have enough, then when I don't have enough, ask my child if they want treatment and they will be given P2: "For my finances, I don't have a pension. For financial needs, children like to give it, just call. If there is a need to use your own money first, you like to replace it, "guaranteed that the child will

just call if you use mother's money first, then it will be replaced", P4: "lots of money, inheritance is still there, have pension money, enough money from the drugstore to pay for hypertension medication/care", P5 : "I'm a difficult person, for the costs of treating hypertension I usually help my children. The money given by my children is enough for me", P6: "My children take turns giving it to me, if I don't give it then I work as a yogurt ice maker", P7: "I'm lucky I work. If the gifts from children are different, some children give and some don't. But thank God there are santri/students who like to give enough money. If I'm sick, I like to have santri/students help me.

Rahmati, et al.'s research results show that affective function (53.8%), socialization (51.5%) is good, economic function (57.6%), and health care (51.4%) are in the poor category. After carrying out the analysis, there was a relationship between family function and the incidence of hypertension in the elderly. The results of this research are in accordance with the results of research conducted by the author from 7 participants regarding financial willingness for adequate hypertension treatment/care.

Increasing the optimization of health center health services

The research results showed that the theme of utilization of health service facilities was based on two categories, namely utilization of health centers and health services and health services. Of the 7 participants, only 2 participants used the Puskesmas health service facilities and 5 participants did not utilize the Puskesmas health service facilities. As P2 said: "I rarely go to the health center, if I have a headache, I immediately take Oskadon sp. If the stomach ulcer recurs, immediately take the available medicine. So now my mother rarely goes to the Puskesmas," P4: "If you feel like you're complaining about not going to the Puskesmas, now you just take medicine straight away, previously I liked going to the Puskesmas. P6: "If there are complaints about hypertension, I don't go

straight to the Community Health Center/Hospital, I just buy medicine at the drug stall, P7: "Just buy Amlodipine, have BPJS but never use it, only once in a while. Buying medicine at the stall is sometimes awkward."

The Puskesmas health service facilities were underutilized by the 5 participants for several reasons including: distance factors, availability of transportation facilities, and those accompanying/accompanying them. This is in accordance with the expressions of participants during the FGD who said P7: "the distance is far, there is no one to take them because the children work and the grandchildren are at school, there are motorbike taxis but they have to pay", P7: "no one takes them". It was also influenced by other factors. Participants were used to using shop medicine when they had complaints or symptoms caused by hypertension. As P1 said: "I just buy medicine at the drugstore if the complaint is mild. If the condition is serious/severe, then go to the hospital."

The lack of utilization of Puskesmas health facilities by participants was more due to the readiness factor of the participants. When referring to the quality of health services, the participants' ratings were good. In accordance with the expressions of the participants during the FGD implementation, they said: P5: "The health services provided by the Community Health Center are good." P3: "Puskesmas health services are good". Referring to L. Green's theory that health behavior is not only formed because of the availability of health services but can be due to other factors including the accessibility of health services and also beliefs and values about health.

The health services provided by the Community Health Center for activities outside the building have not yet reached the participants. If there are visits from the Community Health Center to elderly members with hypertension, the potential will improve health behavior. The results of A. Syamsiar Asmi's research show that home care nursing can improve healthy

behavior in caring for patients with hypertension.

DISCUSSION

This research is to explore the health care function of families of elderly people with hypertension who live alone. It turns out that the researchers found several novelty sub-topics which have implications for nursing theory and practice, especially in the area of community nursing. Participants' statements are personal evidence when someone wants to know about the health problems they are facing. The method used turns out to be the emergence of psychological and physical response reflexes. This arises because at the elderly family stage there is what is known as psychological vulnerability and decreased physiological function. So researchers found a novel sub-section in recognizing health problems, the need to pay attention to reflex responses. So, when assessing the need to recognize health problems in the family health care function, it is hoped that they will pay attention to reflex responses which can become knowledge responses. Decision making made by elderly families, researchers found novelty in this sub-section is based on personal needs and needs of complaints. This means that in practice, in the family care function, a person will immediately make a decision if there is a personal need to be met and if the complaint needs to be addressed immediately. The goal is that the need for self-actualization remains viable and its existence can be maintained. When this research was carried out by collecting participants' expressions when taking care of themselves, it turned out that there was new information obtained that participants prioritized self-prevention and strengthening positive energy. So in family nursing practice in caring for family members, knowledge improvement is needed so that elderly families are able to care for themselves (21,22). This research found that in the financial aspect/economic aspects of the families of elderly people

with hypertension, in the context of care/treatment, it was carried out jointly and financially. So as a material for family nurses to continue to involve family members in carrying out the family's economic functions. The health care issue of visiting family is an active case finding method so that the figures for health service needs will be accurate. If the role of the Community Health Center is oriented towards mini hospitals, it will not be able to capture the health problems that actually occur at the Community Health Center.

CONCLUSION

Based on the results of research that has been carried out regarding the health care function of families of elderly people with hypertension who live their own lives, 5 (five) main themes that can be concluded are:

1. Get to know the health problem of hypertension through reflecting on psychological and physical responses
2. Make decisions based on meeting personal needs and complaints
3. Caring for elderly family members with self-prevention and strengthening positive energy
4. Health care by dividing the tasks of maintaining environmental health and joint financial responsibility
5. Increasing optimization of the use of health facilities by utilizing PKM and Health Services

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