



Case Study of Nursing Care For An Elderly Family with Hypertension Problems

Aneng Yuningsih

¹STIKes Bina Putera Banjar, Jawa Barat, Indonesia

Correspondence: Aneng Yuningsih

Email: anengyuningsih290485@gmail.com

Address : Jln. Mayjen Lili Kusumah No.33 Sumanding Wetan, Banjar City, 46321, Province West Java.
085223944988

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ABSTRACT

Introduction: Hypertension is one of the health issues brought on by degenerative processes that many elderly people experience. The estimated number of hypertension cases in Indonesia is 63,309,620 people, with (55.2%) hypertension occurring in the 55-64 year age group, then (45.3%) in the 45-54 year age group, and (31.6%) in the age group 31-44 years. To reduce these cases, family nursing care is one strategy used, with a focus on five family health tasks: identifying health issues, making decisions about health issues for sick families, caring for sick families, changing the environment inside and outside the home that affects family health, and using health service facilities. Objective: To describe family nursing care at the growth and development stages of elderly people with hypertension problems. Method: Using descriptive methods with a case study approach. Results: Based on a case study conducted on five elderly families with hypertension, Diagnosis: Risk of Ineffective Cerebral Perfusion Disorders, Knowledge Deficit About Hypertension Control, Non-Compliance, Ineffective Family Health Management, and Ineffective Health Management Conclusion: The nursing care provided to the family resulted in the family nursing problems that emerged being partially resolved.

Keywords: Case Study, Family Nursing, Elderly, Hypertension

Introduction

One indication of the increase in hypertension cases in the community is due to the low level of family attention to the prevention and treatment of family members who have hypertension. The success of treating hypertension sufferers cannot be separated from the role of the family, where the family as the smallest unit in society is the nursing client and the family plays a very important role in determining the type of care needed for sick family members. If one of the members in the family experiences health problems, the family system

will be affected. Hypertension sufferers usually receive less family attention. If the family lacks knowledge about hypertension treatment, this will result in treatment that is not optimal (Mubarak, 2009).

Hypertension is a condition where there is an abnormal and continuous increase in blood pressure on several blood pressure tests caused by one or several risk factors that do not work as they should in maintaining normal blood pressure. Hypertension is a condition where the systolic and diastolic pressures increase within normal limits (systolic pressure above 140 mmHg and diastolic pressure above 90 mmHg). Hypertension is generally caused by narrowing of blood vessels due to vasoconstriction of blood vessels which causes an increase in cerebral vascular blood pressure resulting in pain in the area of the head to the nape of the neck. (Brunner dan suddarth, 2014).

The family approach is one way to increase target reach and bring closer/increase access to health services by visiting families. Home visits are carried out on a scheduled and routine basis using data and information from the family health profile. Thus, the implementation of community/ community health care efforts must be integrated into a family approach. In reaching families, the Community Health Center does not only rely on existing community-based health efforts as has been implemented, but also directly visits the families it supports (Panata, 2018).

The results of the study carried out on April 4-8 2022 on all elderly people in the Karang Tengah Hamlet target area showed that 77 or 52.4% of 147 elderly people had hypertension, with the level of knowledge about handling hypertension at home being less than 55%, based on attitudes towards handling hypertension is 59% poor, and based on skills regarding hypertension the skills are poor at 54%, Self Care Management of elderly people with hypertension is 46%, coverage of elderly health service programs has only reached 30-40%. The increasing number of cases of hypertension in the elderly will significantly increase the burden on society and the government, because treatment requires a long time, large costs and high technology. This case of hypertension is not contagious, but it is deadly and causes individuals to become unproductive or less productive.

Method

The method used in this research is descriptive with a case study approach with a nursing care process approach starting from the assessment stage, establishing a nursing diagnosis, preparing interventions, implementation and evaluation. The number of respondents was five families who were in the elderly growth and development stage with one of the elderly members suffering from hypertension (vulnerable families). The data collection techniques use interview techniques, observation, physical examination and documentation studies. In this research, the researcher did not forget to apply the principles of nursing ethics.

Results

Respondent Characteristics

Table 1 Characteristics of Respondents (Families of Hypertensive Elderly)

| Family | Gender | Age Klien | Family Type | Ling Time Diagnosed |
|--------|--------|--------------|-----------------|------------------------|
| 1 | Male | 69 | Elderly Couplle | 5 years |
| 2 | Male | 74 | Elderly Couplle | 7 years |
| 3 | Famale | 73 | Elderly Couplle | 5 years |
| 4 | Male | 74 | Elderly Couplle | 3 years |
| 5 | Famale | 67 | Elderly Couplle | 1 years |

Source: Primary Data 2022

Table 2 Nursing Problems experienced by Respondents (Families of Hypertensive Elderly)

| No | Fostered Family | Nursing Diagnosis |
|----|--------------------|--|
| 1 | Mr.O (69) | <ul style="list-style-type: none"> • Risk of impaired cerebral perfusion. Ineffective • Knowledge Deficit About Hypertension Control • Disobedient • Ineffective family health management • Ineffective health management |
| 2 | Mr.A (74) | <ul style="list-style-type: none"> • Risk of impaired cerebral perfusion. Ineffective • Knowledge Deficit About Hypertension Control • Disobedient • Ineffective family health management • Ineffective health management |
| 3 | Ms.R (73) | <ul style="list-style-type: none"> • Risk of impaired cerebral perfusion. Ineffective • Knowledge Deficit About Hypertension Control • Disobedient • Ineffective family health management • Ineffective health management |
| 4 | Mr.I (74) | <ul style="list-style-type: none"> • Risk of impaired cerebral perfusion. Ineffective • Knowledge Deficit About Hypertension Control • Disobedient • Ineffective family health management • Ineffective health management |
| 5 | Ms.M (67) | <ul style="list-style-type: none"> • Risk of impaired cerebral perfusion. Ineffective • Knowledge Deficit About Hypertension Control • Disobedient • Ineffective family health management • Ineffective health management |

Source: Primary Data 2022

The level of independence of assisted families before being given family nursing care

Meanwhile, the differences in the level of family independence (KM) before and after being given nursing care can be seen in the following table:

Table 3 Level of Independence of Supported Families Before and After Being Provided with Family Nursing Care

| Family | Number of Diagnosis | Problems Resolved | Level of Independence Before Intervention | Level of Independence After Intervention |
|--------|---------------------|-------------------|---|--|
| 1 | 5 | 5 | II | III |
| 2 | 5 | 5 | I | II |
| 3 | 5 | 5 | II | IV |
| 4 | 5 | 5 | I | III |
| 5 | 5 | 5 | II | IV |

Source: Primary Data 2022

Discussion

The assessment was carried out on five vulnerable families using the assessment format developed by Friedman. The study was carried out on May 16 2022. Based on the results of the study, several data were found, including: hypertensive elderly people complained of dizziness, and there was an increase in blood pressure. The next data are clients and families asking about the problems they are facing, showing behavior that is not in accordance with recommendations or showing a wrong perception of the problem, undergoing inappropriate examinations, refusing to undergo treatment/treatment, refusing to follow recommendations, behavior that does not follow the care/treatment program, behavior that is not carrying out recommendations, showing signs of disease/health problems still existing or increasing, complications of disease/health problems appearing to persist or increase, refusing to undergo treatment/treatment, refusing to follow recommendations, behavior of not following the care/treatment program, behavior of not following recommendations, symptoms of disease hypertension is getting worse, family activities to overcome the problem are inappropriate, expressing not understanding the health problem they are suffering from, expressing difficulty carrying out prescribed treatment, symptoms of a family member's illness getting worse, family activities to overcome health problems are inappropriate and failing to take action to reduce risk factors .

The nursing assessment in the family has two stages. The first stage of the assessment focuses on family health problems. The second stage of the assessment presents the family's ability to carry out five family health tasks. However, in practice, these two stages are carried out simultaneously. After completing the assessment, the next stage is establishing a nursing diagnosis. Nursing diagnosis is a clinical decision regarding an individual, family or community that is obtained through a process of data collection and careful and systematic analysis, providing a basis for determining actions which the nurse is responsible for implementing.

Family nursing diagnoses are analyzed from the results of assessments of problems in the family's developmental stages, family environment, family structure, family functions, and family coping. Researchers used the standard book for Indonesian nursing diagnoses (SDKI) from the Indonesian National Nurses Association (PPNI). There are five nursing diagnoses that emerge. Among them are the risk of ineffective cerebral perfusion disorders, knowledge deficit regarding hypertension control, non-compliance, ineffective family health management and ineffective health management. To determine priorities for family nursing problems/diagnoses, use the priority setting scale from Maglaya (2009). There are 4 indicators in preparing these priorities, namely: the nature of the problem, the possibility that the problem can be changed, the potential for the problem to be prevented and the prominence of the problem. The process of analyzing and formulating family nursing problems was carried out on May 17 2022.

The third stage is preparing a nursing plan (intervention). Researchers refer to the Indonesian Nursing Intervention Standards (SIKI) book issued by PPNI. Researchers prioritize the main intervention for each nursing diagnosis that arises. Risk of ineffective cerebral perfusion disorders: Management of increased Intracranial Pressure (ICP), Knowledge deficit (about hypertension control: health education (hypertension control). Non-compliance: hypertension treatment program education, Ineffective family health management: family coping support, family planning support care, coordination of family discussions and family assistance. And the last one is ineffective health management: support for decision making, family involvement, support for self-responsibility and health education. This intervention is then described in several activities including observation, therapeutic and educational action.

Implementation of nursing as collaborative care with complementarity between the elderly and nurses, in other words nurses act in various ways to improve the capabilities of the elderly. In implementing the nursing plan, nurses and elderly people together carry out activities to help meet the need for treatment therapy in elderly people with hypertension. There are 6 (six) ways that nurses can implement nursing plans, namely: taking direct action, providing guidance or instructions, providing psychological support, providing physical support, developing a supportive environment, and teaching/providing health education. The evaluation was carried out from 18-24 May 2022. The final stage was the evaluation stage which was carried out on 25 May 2022. Evaluation of family nursing care was carried out to assess the family's cognitive, affective and psychomotor levels. There are several important evaluations that need to be carried out, including an evaluation of determining the level of family independence. Overall, the five assisted families experienced an increase, although at different levels. One assisted family experienced a change in the level of independence from level II to III, family 2 from level I to II, family 3 from level II to IV, from level 1 to level III and estimated from level II to level IV.

In accordance with Law Number 17 of 2007 concerning Long Term Plans for 2005-2025, health development is directed at increasing the ability, will and awareness of healthy living for everyone in order to achieve a level of public health as an investment for the development of socially productive human resources and economy. Efforts to achieve health development

priorities for 2015-2019 in the Healthy Indonesia program are carried out by utilizing all existing potential, both from the central, provincial, district/city governments and the community. Health development starts from the smallest unit of society, namely the family (Panata, 2018).

Family development, as intended in Law No. 52 of 2009 concerning Population Development and Family Development and Law No. 23 of 2014 concerning Regional Government, is an effort to create quality families who live in a healthy environment. The central government and regional governments establish family development policies through fostering family resilience and welfare, to support families so they can carry out their functions optimally. As an elaboration of the mandate of this law, the Ministry of Health has established an operational strategy for health development through the Healthy Indonesia Through Family Approach program (Panata, 2018).

The family approach is one way to increase target reach and bring closer/increase access to health services by visiting families. Home visits are carried out on a scheduled and routine basis using data and information from the family's health profile. Thus, the implementation of community/community health care efforts must be integrated into a family approach. In reaching families, the Community Health Center does not only rely on existing community-based health efforts as has been implemented, but also directly visits the families it supports. (Panata, 2018).

Family practice as the center of nursing is based on the perspective that the family is the basic unit for individual care of family members and of the wider unit. The family is the basic unit of a community and society, representing cultural, racial, ethnic and socio-economic differences. The aim of family nursing care is to make the family independent in maintaining the health of family members, for this reason the family must carry out five family health tasks, namely: recognizing the health problems of each member of the family, being able to decide on appropriate health actions for the family, caring for family members who experience health problems, maintaining the atmosphere. healthy home or modifying the environment to ensure the health of family members, utilizing health facilities.

With the aim of helping clients to self-care therapeutically; helping clients move towards independent care actions and assisting family members to care for family members who experience disorders competently. The focus of nursing care in family nursing practice is the interpersonal aspect: relationships within the family, the social aspect: the family's relationship with the surrounding community and the procedural aspect: training basic family skills so that they are able to anticipate changes that occur.i.

Like many studies that have been carried out by previous researchers, this research is also not free from research limitations. Research limitations in this study include: there are some respondents who are less cooperative, there are obstacles in the memory of the elderly in recalling the material that has been given and obstacles in the transfer of information which becomes educational material for respondents which is translated into the regional language, namely Sundanese.

Conclusion

The nursing care provided to the family resulted in the family nursing problems that emerged being partially resolved. For advice: there needs to be a special program in an effort to prevent and control hypertension in the elderly that is consistent and sustainable, such as: building a basic knowledge and understanding of basic concepts in the elderly, physiological changes in the elderly, basic concepts of hypertension, screening, blood pressure monitoring and counseling by nurses community for the elderly and controlling hypertension for the elderly in preventing complications due to hypertension.

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