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Family Nursing Care In Hypertension Disease With Nursing Problems Knowledge Deficit With Hypertension Health Education Actions

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Abstract

The purpose of this study was to determine Family Nursing Care for Hypertension with Knowledge Deficit Nursing Problems with Hypertension Health Education Actions. The research design is descriptive which aims to describe important events that occur in the present. The type of descriptive research design used is a case study research design. The case study subjects consisted of 2 (two) patients. The focus in the case study is to find out family nursing care in hypertension with the problem of lack of knowledge with health education actions about hypertension. The appropriate ones are: knowledge deficit related to the inability of the family to recognize sick family members. At the intervention stage, the author prepares a nursing care plan for Mr. S and Mr. A, which is to provide health education about hypertension. When this health education was given, respondents followed the directions given to make traditional treatment from star fruit to lower blood pressure. To determine the level of success of nursing actions that provide Health Education. Mrs. S got results before giving Health Education, Ny.S blood pressure was 145/80mmHg and after Health Education, blood pressure was 140/80mmHg. While Mrs. A got the results before explaining Health Education, Mr. A's blood pressure was 140/80mmHg and health education was carried out with the results of blood pressure 135/80mmHg.

Keywords: Family Nursing Care; Hypertension, Knowledge Deficit; Hypertension Health Education

Introduction

Hypertension is one of the noncommunicable diseases and diseases with major health problems in the world, even every year cases of hypertension are increasing. Data from the World Health Organization (WHO) in 2025 will increase hypertension. Around 1.6 billion people will be affected by hypertension (Syarifah, 2018). Riskesdas data in 2018 the prevalence of hypertension in Indonesia ranks 9 (34.1%) this is an increase of about 8.3% in 2013 the incidence of hypertension in Indonesia (25.8%) in a period of 5 years. The prevalence of hypertension in Indonesia currently ranks first, namely South Kalimantan (44.1%) (Ministry of Health, 2018).

DKI Jakarta is the capital city of Indonesia with the highest population density in Indonesia with a value of 15,328 people/km2 (Central Bureau of Statistics, 2015). Along with the density of the population, the risk of hypertension can increase. Based on Riskesdas data in 2013 and 2018, the prevalence of hypertension in DKI Jakarta Province increased from 25% to 34.1% (Riskesdas, 2018).

Hypertension is a disease that cannot be cured but can be controlled so that there is no increase in blood pressure so that it does not cause complications of stroke, cardiovascular disease, and others (Fries, 2019). Public knowledge about the management of hypertension is still lacking at this time. Health education is one of the methods used to increase knowledge, health education is a process that can improve a person's health status. Health education can be given to all targets, but must use the right method so that the information that can be given is well received (Zakiyatul, 2017).

Some of the causes of high blood pressure, one of which is an unfavorable lifestyle that can trigger uncontrolled high blood pressure and continue to increase so that it is at risk of complications. The high incidence of hypertension cases requires health workers to continue to do prevention by providing health education to people with hypertension about the causes and triggers of an increase in blood pressure and conducting regular health checks on areas suffering from hypertension so that people can control hypertension. Muhammad, 2018). Based on cases of hypertension in Indonesia, it shows that hypertensive patients do not know how to manage hypertension properly. Management of hypertension properly is about a hypertension diet, the need for appropriate exercise, lifestyle modification, the need for knowledge about stress management, the importance of antihypertensive treatment and blood pressure control (Rahayu, 2019) with the title Health Education on Hypertensive Disease.

These data show that only 0.7% of people diagnosed with high blood pressure take hypertension medication.

Hypertension that does not get proper treatment causes complications such as stroke, coronary heart disease, diabetes, kidney failure and blindness. Stroke (51%) and Coronary Heart Disease (45%) are the highest causes of death. In addition, hypertension occurs mostly at the age of 35-44 years by 6.3%, at the age of 45-54 years by 11.9%, and at the age of 55-64 years by 17.2%. Meanwhile, according to economic status, the highest proportion of hypertension is at the lower middle level (27.2%) and middle (25.9%), Journal of Nursing Vol 12 Number 2, December 2019.

The role of health workers is to provide health education that can increase knowledge so as to make people believe what has been conveyed, and the public is aware that health education is provided for the public to know and understand about hypertension. But it is also expected that the community will be willing and carry out a recommendation that has been given from health workers that patients and families can SO determine a deeper attitude in treating hypertension to improve their health status, Efforts to prevent the occurrence of diseases and complications. As well as maintaining health status, maximizing functions, roles and families to overcome health problems in sufferers (Warsono, 2017).

Based on the above background, researchers are interested in conducting research on family nursing care for hypertension with the problem of lack of knowledge with health education actions about hypertension in the family of Mr. S, especially Mrs. S and Mrs. Tanjung Priok District, North Jakarta.

The purpose of this study was to determine Family Nursing Care for Hypertension with Knowledge Deficit Nursing Problems with Hypertension Health Education Actions in Tn.S's family, especially Mrs. Papanggo Kec. Tanjung Priok, North Jakarta.

Method

The research design is descriptive which aims to describe important events that occur in the present. The type of descriptive research design used is a case study research design. The case study in this study is "Family Nursing Care for Hypertension with Nursing Problems Knowledge Deficit with Hypertension Health Education Actions in the Family of Mr. S especially Mrs. . Papanggo district. Tanjung Priok, North Jakarta". The case study subjects consisted of 2 (two) patients. The focus in the case study is to find out family nursing care for hypertension with the problem of lack of knowledge with health education actions about hypertension. The instrument of this case study uses interviews, observations. documentation studies. questionnaires, sphygmomanometer and stethoscope, as well as tools for complementary therapy. The rating scale used in this paper is using a questionnaire.

Results

 Table 1. General data of respondents 1 and 2 with cases of lack of knowledge of hypertension in

 Rt.006/Rw.003 Kelurahan Papanggo, Tanjung Priok District, North Jakarta.

General Data	Respondent 1	Respondent 2		
Name of the head of the	Mrs. S	Mrs. A		
family				
Gender	Woman	Woman		
Age	44 years old	31 years		
Last education	senior High School	senior High School		
Work	Housewife	Housewife		
Address	Papanggo IIB No. 64 Rt.006/Rw.003	Papanggo IIB No. 65 Rt.006/Rw.003		
	Papanggo Village, Tanjung Priok	Papanggo Village, Tanjung Priok		
	District, North Jakarta	District, North Jakarta.		

Table 2.	Health	care	function	(Phase	Π	assessment)

Maintenance Function	Case 1	Case 2
Recognizing health	1) Mr. Family S especially Mrs. S said he	1) Mr. Family S especially Mrs. A said he
problems	didn't know about his illness.	did not know about his illness.
	2) Mr. Family S especially Mrs. S said he did	2) Mr. Family S especially Mrs. A said he
	not know the causes and complications that	did not know what the cause, what food
	could result from hypertension	and drink were caused by hypertension.
Make decisions	Mr. family S especially Mrs. S said that if the	Mr. family S especially Mrs. A said that if
	family is sick, the family decides to	the family is sick, the family decides to
	immediately bring to the nearest health center	immediately bring to the nearest health
	or health service	center or health service
Caring for family	Mr. family S said he did not know how to	Mr. family S said he did not know how to
members	treat family members with hypertension at	treat family members with hypertension at
	home. If Mrs. S is having a headache and gets	home. If Mrs. A is having a headache and
	tired easily just rest and sleep	gets tired easily just rest and slee
Modify the	The area where Mr. There are many children	The area where Mr. There are many
environment	who like to play with a sound that is loud	children who like to play with a sound loud
	enough to disturb the rest of Mrs. S	enough to disturb Mrs. A
Take advantage of	Mr. family T especially Mrs. S said that if the	Mr. family T especially Mrs. S said that if
health facilities	family is sick, they always go to the health	the family is sick, they always go to the
	center	health center for treatment.

Execution	ition Case-1 Case-2		
Day	Case-1	Case-2	
Day 1	Saturday, 04/09/2021	Saturday, 04/09/2021	
	1. At 16.00 WIB reviewing TTV	1. At 17.00 WIB reviewing TTV	
	2. Assess the client's level of knowledge.	2. Assess the client's level of knowledge	
	3. Assessing the level of pain	3. Assessing the level of pain	
Day 2	Sunday, 05/09/2021	Sunday, 05/09/2021	
	1. At 07.00 WIB reviewing TTV	1. At 07.00 WIB reviewing TTV	
	2. Assess the client's level of knowledge	2. Assessing the level of pain	
	3. Teach pain level	3. Teach pain level	
	4. Teach health education about hypertension	4. Teach health education about hypertension	
Day 3	Monday, 06/09/2021	Monday, 06/09/2021	
	1. At 17.00 WIB observing TTV and level of	1.At 18.00 WIB observing TTV and level of	
	knowledge	knowledge	
	2. Observing the level of understanding	2. Observing the level of understanding	

Table 3. Im	plementation	of Nursing	Actions
	r		

Table 4. Evaluation

Day	Case-1	Case-2
Day 1	S:	S:
_	1. Mr. Family S especially Mrs. S says headache and	1.Mr. Family S especially Mrs. S says headache
	discomfort	and discomfort.
	2. Mr. family. S especially Mrs. S said he didn't know	2.Mr. Family S especially Mrs. A said he didn't
	about hypertension	know much about hypertension
	0:	0:
	The client looks grimace and looks confused	The client looks grimace and looks confused
	BP: 145/88mmHg	BP: 140/70 mmHg
	N : 73x/minute	N: 84x/minute
	RR: 20x/minute	RR: 20x/minute
	S: 36 C	S: 36 C
	Pain scale: 4	Pain scale: 4
	A:	A:
	1. Acute pain	1. Acute pain
	2. Knowledge deficit	2. Knowledge deficit
	Q:	Q:
	1. Observation of TTV and assess the level of pain	1. Observation of TTV and assess the level of pain
	2. Provide health education about hypertension	2. Provide health education about hypertension
Day 2	S:	S:
	1. Mr. Family S especially Mrs. S said he still feels	1. Mr. Family S especially Mrs. A says he still
	pain at the nape of the neck	feels pain at the nape of his neck
	2. Mr. Family S especially Mrs. S said he started to	2. Mr. Family S especially Mrs. S said he started
	understand about hypertension	to understand about hypertension
	0:	0:
	1. The client is able to explain again about the	1. The client is able to explain again about the
	meaning and causes of hypertension	meaning and causes of hypertension
	2. Clients are able to re-practice deep breathing	2. Clients are able to re-practice deep breathing
	relaxation techniques and music therapy	relaxation techniques and music therapy
	BP: 140/77mmHg	BP: 135/71mmHg
	N : 88x/minute	N : 79x/minute
	RR: 20x/minute	RR: 20x/minute
	S: 36 oC	S: 36 oC
	Pain scale: 3	Pain scale: 3
	A:	A:
	1. Acute pain	1. Acute pain
	2. Knowledge deficit	2. Knowledge deficit
	Q:	Q:
	1. Observation of TTV and assess the client's level of	1. Observation of TTV and Assess knowledge

Day	Case-1	Case-2
	knowledge	level
	2. Observation of pain level	2. Observation of pain level
Day 3	S:	S:
	1. Mr. Family S especially Mrs. S says the pain is no longer felt	1.Mr. Family S especially Mrs. S says the pain is no longer felt
	2. Mr. Family S especially Mrs. S said he understood about hypertension	2.Mr. Family S especially Mrs. A says he understands about hypertension
	0:	0:
	1. The client looks calmer	1. The client looks calmer
	2. The client is able to explain the signs and symptoms of hypertension complications	2. The client is able to explain the signs and symptoms of hypertension complications
	3. Clients are able to re-practice traditional starfruit infused water treatment.	3. Clients are able to re-practice traditional starfruit infused water treatment.
	BP: 140/70mmHg	BP: 135/80mmHg
	N : 79x/minute	N : 80x/minute
	RR: 20x/minute	RR: 20x/minute
	S: 36 C	S: 36 C
	A:	A:
	1. Knowledge deficit	1. Knowledge deficit
	2. Acute pain	2. Acute pain
	Q:	Q:
	1. Intervention discontinued	1.Intervention discontinued
	2. Instruct the client to regularly check his condition to	2.Instruct the client to regularly check his
	the health service	condition to the health service

Discussion

Assessment

The study on Ny.S was by direct interview technique to get focus data that Mrs. S said he did not know much about hypertension and did not know the causes and complications that could arise from hypertension. The study on Mrs. A, namely by direct interview technique, got focused data that Mrs. A said she did not know about hypertension and did not know the causes and complications that could arise from hypertension. So that based on the theory that has been described and the results of the study that the author got, there was no gap between the theory and the results of the study where the complaints felt by the patient and the results of the assessment that been obtained had were both appropriate.

Nursing diagnoses

Based on the data obtained in the assessment focused on Mrs. S and Mrs. A, the authors conclude that the

appropriate nursing diagnoses are: knowledge deficit related to the inability of the family to recognize sick family members. Knowledge deficit is the result of human sensing, or the result of someone knowing about objects through the senses they have (eyes, nose, ears, and so on). So knowledge is various kinds of things that are obtained by a person through the five senses.

The author formulated this diagnosis because Mrs. S with hypertension did not know the meaning of hypertension. Characterized by the patient saying that he does not know what hypertension is and its treatment. Meanwhile, Mrs. A with the patient said that she did not know what hypertension was and its treatment. Therefore, this diagnosis is the main task of providing health education, because health education provides lifestyle reduce a to hypertension

Intervention

Based on knowledge deficit nursing problems related to knowledge deficits,

the authors plan nursing actions to find out what happened with the aim that after nursing actions for 1x24 hours the patient is expected to understand and treat hypertension. At the intervention stage, the author prepares a nursing care plan for Mr. S and Mr. A, which is to provide health education about hypertension. The purpose of providing health education is so that patients understand the meaning of hypertension traditional medicine. Health to education is a conscious effort to cause changes in healthy living behavior, both the community and social in environment.

Implementation

Nursing implementation is a series of activities carried out by nurses to help clients from health status problems to better health status that describes the expected outcome criteria (Potter & Perry 2011). At the implementation stage, the authors carried out an intervention that had been planned in advance to overcome the problem of lack of knowledge in Mrs. S and Mrs. A with hypertension. When this health education was given, the respondents followed the directions given to make traditional medicine from star fruit to pressure. blood Supporting lower factors: Mrs. S and Mrs. A listen to educational activities. Mrs. S and Mrs. A patients want to take starfruit Infused water therapy treatment and cooperative patients. Inhibiting factor: The situation in Mrs. S and Mrs. A is noisy when doing health education.

Evaluation

Evaluation is the last step of the nursing process to determine the extent to which the goals of the nursing plan have been achieved. This evaluation is done by comparing the observed final results with the goals and outcome criteria made in the nursing plan. Is the nursing care provided to the client successful in overcoming the problem. To determine the level of success of nursing actions that provide Health Education. Mrs.S got the results before giving Health Education, Ny.S blood pressure was 145/80mmHg and after Health Education the blood pressure was 140/80mmHg. While Mrs. A got the results before explaining Health Education, Mr. A's blood pressure was 140/80mmHg and health education was carried out on the results of blood pressure 135/80mmHg.

Conclusion

Knowledge deficit is the result of human sensing, or the result of someone knowing about objects through the senses they have (eyes, nose, ears, and so on). So knowledge is various kinds of things that are obtained by a person through the five senses. At the implementation stage, the authors carried out an intervention that had been planned in advance to overcome the problem of lack of knowledge in Mrs. S and Mrs. A with hypertension. When this health education was given, the respondents followed the directions given to make traditional medicine from star fruit to lower blood pressure. Supporting factors: Mrs. S and Mrs. A listen to health education activities. Mrs. S and Mrs. A patients want to take starfruit Infused water therapy treatment and cooperative patients. Inhibiting factor: The situation in Mrs. S and Mrs. A is noisy when doing health education.

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