UNCERTAINTY OF DISEASE PROCESS WITH SELF EMPOWERMENT IN HYPERTENSION PATIENTS

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Abstrak

Ketidakpastian proses penyakit hipertensi menyebabkan stres karena ketidakpastian di sekitar penyakit, proses penyakit, pengobatan dan efek samping. Ketidakpastian ini disebabkan karena self empowerment yang buruk. Strategi self empowerment dikembangkan pada penyakit hipertensi untuk meningkatkan kontrol mereka terhadap penyakitnya dan meningkatkan kesehatan mental yang lebih baik dan sejahtera. Tujuan penelitian ini untuk mengetahui hubungan ketidakpastian proses penyakit dengan self empowerment pada pasien hipertensi di Klinik Silo Sehat Kabupaten Jember. Metode penelitian ini adalah cross-sectional dengan jumlah sampel dalam penelitian ini adalah 58 pasien penderita hipertensi diambil dengan teknik simple random sampling. Alat ukur yang digunakan pada variabel self empowertment menggunakan self empowerment questionnaire dan variabel ketidakpastian menggunakan kuesioner Uncertainty in Illness questionnaire dengan analisis data menggunakan contingency coefficient. Hasil analisis dengan uji contingency coefficient pada α=0,05 didapat p-value 0,00 < α (0,05) sehingga dapat diambil kesimpulan bahwa terdapat hubungan ketidakpastian proses penyakit dengan self empowerment pada pasien hipertensi. Self empowerment dapat menurunkan ketidakpastian (uncertainty) dan dapat meningkatkan adaptasi psikososial sehingga sangat perlu bagi klien hipertensi dalam menangani potensi stressor dan ketidakpastian proses penyakit hipertensi.

Kata kunci: *hipertensi, ketidakpastian, self empowerment*

Abstract

The uncertainty of the hypertension disease process causes stress because of the uncertainty surrounding the disease, the disease process, treatment, and side effects. The uncertainty was caused by bad self empowerment. The self-empowerment strategies for hypertension patients were developed in order to improve disease control and promote better mental health and well-being. The purpose of this study was to determine the relationship between uncertainty of the disease process and self empowerment in hypertension patients at Silo Sehat Clinic, Jember. This research method was cross-sectional with the number of samples in this study were 58 patients with hypertension taken by simple random sampling technique. The measuring instrument used for the self empowerment variable is the self empowerment questionnaire and the uncertainty variable is the MUIS/Mishel Uncertainty in illness questionnaire. In this study, data analysis was performed using the contingency coefficient. The results of the analysis using the contingency coefficient test 0.05 obtained p-value (0.00 (0.05), indicating that there is a relationship between disease process uncertainty and self empowerment in hypertension patients. With sufficient self empowerment, the information about the disease obtained from health workers was quite good and helped clients in dealing with potential stressors and increasing self empowerment.

Keywords: *hypertension, uncertainty, self empowerment*

1. INTRODUCTION

Uncertainty of the disease process is an individual's inability to determine events related to the disease process. Uncertainty of the hypertension disease process causes stress due to uncertainty around the disease process, treatment and side effects (Davies, 2019). Hypertension is a silent killer disease so that treatment is often too late. Based on the WHO report, of the 50% known hypertension sufferers 25% of them received treatment, but only 12.5% of them were treated well. The number of people with hypertension in Indonesia is 70 million

people (28%), but only 24% of them are controlled hypertension. The prevalence of hypertension in Indonesia is very high, namely 31.7% of the total adult population. The prevalence of hypertension in Indonesia is higher when compared to Singapore which reaches 27.3%, Thailand with 22% and Malaysia reaches 20% (Kementerian Kesehatan, 2018). Results based on the preliminary study, there were approximately visits with a diagnosis of hypertension every 180 months starting from July to September 2021.

Hypertension has long been known as a disease that involves many factors, both internal factors such as gender, age, genetics and external factors such as diet, exercise habits and others (Choi et al., 2018). The occurrence of hypertension requires the role of these risk factors together (common underlying risk factor) in other words, one risk factor alone is not enough to cause hypertension (Arifuddin & Nur, 2018). Therefore, the prevalence of this disease will be greatly influenced by the description of these factors in a population (Onoruoiza et al., 2015).

High hypertension can be influenced by many factors, one of which is an unhealthy lifestyle, high salt consumption, excessive food, drinking alcohol and smoking. In addition to lifestyle, many things can cause complications of hypertension, one of which is emotion (Toblas, 2015). The impact of hypertension complications makes the patient's quality of life low and the worst possibility is the occurrence of death in patients due to their hypertension complications. These complications can then affect emotions and cause anxiety (Arifuddin, 2018).

Uncertainty surrounding health conditions substantially affects the way individuals understand, integrate, and communicate about illness, although the uncertainty associated with acute illness may subside through cure or treatment, chronic illness poses unique challenges for individuals as doubt can persist or become cyclical over time (Caruso et al., 2014). The theory of uncertainty in illness provides a comprehensive framework for viewing the experience of chronic illness and serves to promote optimal adjustment. This theory helps to explain stress related to treatment diagnosis, chronic illness, the process by which

individuals assess the uncertainty inherent in the experience of illness and the importance of caregivers providing information the uncertainty of the disease process (Middleton et al., 2012). Empowerment strategies were developed for hypertension to increase their control over their disease by increasing physical activity, improving healthy eating patterns and promoting better and more prosperous mental health. This condition needs to be handled effectively through an empowerment approach so that clients are able to manage their hypertension in order to prevent complications.

2. RESEARCH METHOD

The design of this study was cross-sectional design to determine the relationship between uncertainty of the disease process and self empowerment in hypertensive patients. The sample in this study were 50 respondents using the slovin formula with the sampling technique used in this study was simple random sampling. he tool used in this study is using a modified self-empowerment instrument from Deakin (2003) where the results of the validity of the questionnaire are in the range of 0.697-0.899 while the results of the reliability test are 0.774.

The uncertainty instrument uses a modification of the MUIS/ Mishel Uncertainty in illness questionnaire where the results of the questionnaire validity test are in the range of 0.682-0.900 while the reliability test results are 0.775. Bivariate analysis is a data analysis that analyzes two variables. In this study, data analysis was carried out using the contingency coefficient test, which is a correlation test between two variables with nominal data scale. This research has obtained ethical feasibility from the ethics commission of dr. Soebandi University with No. 228/KEPK/UDS/V/2022.

3. RESULT AND DISCUSSION

Research on "The Uncertainty Relationship between Disease Process and Self Empowerment in Hypertensive Patients was conducted in June 2022 with a 50 respondents. The results of data collection and data analysis that have been carried out by the researcher will be presented in the form of general data and specific data as follows:

Table 1. Frequency Distribution of Respondents' Characteristics by Age at the Jember Clinic in 2022

Respondents' Characteristics	F	%
Age		
26-35 years	17	34.0
36-45 years	17	34.0
46-55 years	16	32.0
Education		
Primary School	8	16.0
Junior High School	18	36.0
Senior High School	24	48.0
Gender		
Man	25	50.0
Woman	25	50.0
Work		
Doesn't work	23	46.0
Farmer	12	24.0
Self-employed	15	30.0
Ethnic group		
Madura	27	54.0
Java	23	46.0
Long Suffering		
<5 Years	1	2.0
≥5 - <10 years	41	82.0
≥10 Years	8	16.0
Total	**50**	**100.0**

The table 1 shows that most of the respondents are in the age group 26-35, 17 respondents with a percentage of 34.0%. and 36-45 years as many as 17 respondents with a percentage of 34.0%. At the education level, it is known that most of the respondents are with high school education level as much as 24 with a percentage of 48%. The gender of the respondents is known that most of the respondents have the same percentage, namely 50%. The largest ethnic group is the Madurese as many as 27 people, which is 54.0%. The longest duration of suffering from hypertension was > 5 years as many as 42 people, which was 82.0%.

Table 2. Characteristics of Uncertainty Respondents Hypertension Disease Process at Jember Clinic 2022

Uncertainty	F	%
Well	28	56.0
Bad	22	44.0
Total	**50**	**100.0**

The table 2 shows that the uncertainty of the process of hypertension in the good category is 28 respondents with a percentage of 56%.

Table 3. Frequency Distribution of Respondents' Characteristics Based on Self-empowerment in hypertensive patients at the Jember Clinic 2022

Self Empowerment	F	%
Well	26	52.0
Bad	24	48.0
Total	**50**	**100.0**

The table 3 shows that self empowerment in hypertensive patients is poor as many as 26 with a percentage of 52.0%.

Table 4. Cross-tabulation of Relationship Uncertainty of Disease Process and Self Empowerment in Hypertensive Patients at Jember Clinic 2022

Uncertainty	Self Empowerment				Total	
	Good		Bad			
	F	%	F	%	F	%
Good	9	37.5	15	62.5	24	100.0
Bad	8	30.8	18	69.2	26	100.0
Total	**17**	**34.0**	**33**	**66.0**	**50**	**100.0**
	Chi-Square Tests		Asymp. Sig.= .000			

Based on the results of the cross-tabulation analysis, it showed that the uncertainty of the good disease process with good self empowerment was 34.0% of respondents, then the uncertainty of the bad disease process with bad self-empowerment was 66.0% of respondents.

The results of the analysis using the Contingency Coefficient 0.05 test obtained p-value (0.00 < (0.05) so that it can be concluded that there is a relationship between the uncertainty of the disease process and self-empowerment in hypertension patients in addition to the results of the Contingency test analysis. The coefficient value is 559 where this value indicates that there is a very strong relationship between the uncertainty of the disease process and self empowerment in hypertension patients.

The results of the study and statistical tests showed that there was a relationship between uncertainty of the disease process and self empowerment in hypertension patients. Bad uncertainty in hypertension clients in this study is where the client has a negative perspective on the problem at hand and describes how individuals assess uncertainty as a threat to the disease process and build high hopes for healing in patients with hypertension. In addition, the hypertension clients in this study had a good level of self empowerment. This was obtained during interviews with hypertension clients who showed that they had a positive perception of the benefits of healthy living behaviour and the client was able to increase commitment in healing the disease.

Uncertainty according to (Caruso et al., 2014) is a novelty, complexity, ambiguity and unexpected lack of information. This can be seen in this study which shows that clients who have good cognitive abilities have the ability to access information about the disease so that they are able to minimize the state of uncertainty in themselves. Uncertainty management of the disease process positively can be done by increasing cognitive abilities to reduce feelings of concern about the uncertainty of the disease process experienced. Acceptance of hypertension in clients can be achieved by making clients understand the course of the disease process and understand current conditions through information, increasing communication between clients and providers and increasing resources aimed at increasing client knowledge about the disease process (Middleton et al., 2012). The cognitive component can be assessed from how hypertensive clients interpret events related to the disease so that the treatment process can run well (Budiman etal., 2020).

A reconceptualised theory of uncertainty in illness that suggests individuals adapt to uncertainty over time. This study provides the first step towards understanding the relationship between the duration of disease diagnosis and the client's age with hypertension (Zinchenko et al., 2013). The findings from the research are closely related to hypertension clients where hypertension clients need information about complications related to hypertension, where feelings of concern and uncertainty about hypertension will be very high (Larionov, 2021).

In the opinion of the researcher from the results of research related to the findings in this study that several factors that influence hypertension that are closely related to uncertainty, it is very necessary to strengthen motivation and information to manage uncertainty in hypertension, it seems to be very important for hypertension clients by providing partial evidence about the underlying source. In addition, there are several factors that influence uncertainty in the disease process including age, education, length of suffering and gender. They are related to the client's biological condition.

The uncertainty of the disease process that occurs in hypertension clients is an uncertain event because individuals cannot determine things related to the disease. Uncertainty in hypertension clients occurs when individuals cannot assign definite values to events due to lack of signs and information. Uncertainty according to Mishel is a novelty, complexity, ambiguity, and unexpected lack of information. This can be seen in this study which shows that clients who have good cognitive abilities have the ability to access information about the disease so that they are able to minimize the state of uncertainty in themselves.

The ability of individuals to control themselves and make choices about their health (Nuari, 2018). The concept of self empowerment is the ability of people to meet their own needs, solve their own

problems and mobilize the resources needed to take control of their own lives. In other words, self empowerment is a process for a person to control the factors that affect their health (Smith, 2016). Self empowerment is also defined as individual skills and abilities to participate. So that the essence of self-empowerment is realized to build trust, increase self-esteem, and develop coping mechanisms to improve personal skills (Onoruoiza et al., 2015).

Self empowerment is a process to facilitate people with hypertension to change their behaviour. Self empowerment in hypertension patients aims to help patients personally choose what is beneficial to them, setting realistic goals to maintain healthy behaviour, especially goals related to weight loss, nutrition, and physical activity (Anderson, 2021). Another goal of self empowerment is to increase the patient's capacity to think critically so that the patient is able to make informed and autonomous decisions and to take care of his illness on an ongoing basis (Anderson, 2021).

In the opinion of researchers, good self empowerment in hypertension clients is influenced by individual skills to manage the disease which allows clients to develop skills in solving problems, increasing self confidence and supporting the application of knowledge in real life. The existence of problem solving skills in hypertension allows patients to make decisions about the best management for themselves (Ashe, 2016).

The main goal regarding the management of chronic diseases such as hypertension is to encourage clients to take greater responsibility for their care, and to undertake care independently (Maulinda et al., 2016). Elements of self empowerment in hypertension clients consist of psychosocial aspects of people with hypertension, assessment of dissatisfaction and readiness to change and setting and achieving diabetes goals are used to assess the client's perceived ability to set realistic goals and achieve them by overcoming obstacles in achieving diabetes goals (Goutzamanis et al., 2018). In addition to these factors, there are also factors that influence a person to develop self empowerment from the aspect of perception in carrying out a behaviour based on the benefits or disadvantages of the action (Kusnanto et al., 2015).

In the opinion of the researcher that self empowerment in hypertension clients can reduce uncertainty and improve psychosocial adaptation, with sufficient knowledge and self empowerment. It means that information about the disease obtained from health workers is quite good and helps clients in dealing with potential stressors and increasing self empowerment. The cognitive component in these findings helps hypertension clients find good self efficacy so that they see the problems they face as challenges to be better and not threats to be avoided, they are interested in what to do, set high achievements and maintain strong commitments.

4. CONCLUSION AND SUGGESTION

There is a relationship between uncertainty of the disease process and self empowerment in hypertension patients. Bad uncertainty in hypertension clients in this study is where the client has a negative perspective on the problem at hand and describes how the individual assesses uncertainty as a threat to the disease process and builds high hopes for healing in the patient with hypertension.

This research has shortcomings and limitations. The existing limitations are not expected to reduce the aims and benefits of the research. The limitation of this research is that the Covid-19 pandemic which is still developing limits the interaction between researchers and respondents so that the communication that is established is only limited to the data collection process.

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