



## PSYCHOEDUCATION REDUCES ANXIETY IN ELDERLY WITH HYPERTENSION IN NAMBAKOR VILLAGE SARONGGI DISTRICT SUMENEP

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Research Report

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### ABSTRACT

**Introduction:** The problems in hypertension will cause emotional or mental disorders, one of which is anxiety. Feelings arise due to the fear and ignorance of an individual about hypertension experienced and the impact that will occur in the future. Psychoeducation is the provision of information about disease management and individual psychological aspects. This study aims to determine the effect of psychoeducation on the anxiety level of elderly patients with hypertension in Nambakor Village, Saronggi District. **Methods:** This research method is pre-experimental with the research design is one group pre test post test. The sampling technique used is Random Sampling and the number of samples is 30 respondents. Data collection using a questionnaire on the level of anxiety Depression Anxiety and Stress Scale. **Results:** The results showed that the mean of the anxiety score before the psychoeducation intervention was  $24,43 \pm 7,60$  and the mean of the anxiety score after the psychoeducation intervention was  $23,23 \pm 7,83$ . The results of the paired t test of anxiety score was  $p = 0.002$ , means that there is significant difference in anxiety scores before and after psychoeducation. **Conclusion:** There is an influence of psychoeducation on the level of anxiety in the elderly with hypertension. The conclusion obtained is that psychoeducation can increase knowledge in patients with hypertension so that it is expected to be one form of intervention that can be applied.

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### INTRODUCTION

Elderly is a process of cell decline due to the aging process, resulting in organ weakness, physical disorders, and various degenerative diseases. It can cause multiple health problems, including socio-economic, mental, and psychological. Some opinions say that old age is the final stage of aging, namely from 60 years, 65 years, and 70 years (Laurent & Boutouyrie, 2020). Anxiety is defined as a feeling of worry, anxiety, restlessness, and fear and appears simultaneously and is followed by increased stimuli in the body, such as palpitations, cold sweats. Anxiety can arise as a reaction to "danger," both natural and from the imagination, which is often called "free-floating anxiety" (anxiety that has no known cause). Anxiety is a psychological problem usually in the elderly, where anxiety has a range of adaptive and maladaptive responses (Noale et al., 2020). In 2013, Indonesia showed that the level of emotional, mental disorders with

symptoms of anxiety and depression was 6%, or around 14 million people. Hypertension (the silent killer) is a disease that has unclear signs and symptoms with blood pressure conditions that exceed normal limits and can pose a risk to the heart, kidneys, and brain (Emdat Suprayitno et al., 2019).

Hypertension is one of the cardiovascular diseases that is a significant health problem in public health in Indonesia and the world. Chronic disease condition that causes emotional or mental stress that can reduce a person's quality of life and mental stress (psychosocial) can increase blood pressure (Emdat Suprayitno & Damayanti, 2020). In addition to increasing blood pressure, hypertension is the main trigger for severe diseases, including stroke, heart failure, or kidney failure, which can slowly kill the sufferer. According to WHO (World Health Organization), the blood pressure limit is considered normal if less than 130/85mmHg. If

the blood pressure is more than 140/90 mmHg, it is stated that the limit hypertension is for adults over 18 years. Adults over 18 years (Emdat Suprayitno & Wahid, 2019). Hypertension is ranked third as a non-communicable disease (PTM) and causes the most deaths, High blood pressure is a medical condition characterized by increased contraction of blood vessels resulting in resistance to blood flow which increases blood pressure on the walls of blood vessels (Butarbutar et al., 2021). Hypertension is classified into two types: primary or essential hypertension with no known cause (90%) and secondary hypertension (10%) caused by kidney disease, endocrine disease, and heart disease and caused by atherosclerosis so that blood circulation becomes vulnerable and there is a risk problem of ineffective brain tissue perfusion (Emdat Suprayitno & Huzaimah, 2020).

According to the World Health Organization (WHO) records, 2017 shows that around 982 million people worldwide, or 26.4% of the world's population, suffer from hypertension. With a comparison of 26.6% men and 26.1% women. The number of patients with hypertension in the elderly, namely at the age of 45-54. The number of deaths from hypertension patients of all ages reached 6.7. The prevalence of hypertension in Indonesia is estimated at 15 million, but only 4% can be controlled (Musahilla & Azmi, 2021). with a majority of 115 million population 31.7%. According to the results of the RISKESDAS Basic Health Research (2018), there are more than 63 million Indonesians who suffer from hypertension. The prevalence of the population with high blood pressure is 34.11%. The majority of high blood pressure in women with high blood pressure is 36.85%, and in men, it is 31.34%. Based on data from the Indonesian Ministry of Health, East Java Province was

ranked sixth, with the highest prevalence of hypertension in 2013 (Sihombing, 2017). The prevalence rate of hypertension in East Java based on the measurements of the population aged over 18 years in 2018 increased by 10.30% from the prevalence of hypertension in 2013. Based on research results from the Sumenep District Health Office, hypertension sufferers in 2019 reached 46,303 cases. What happened to women was 23,992 and men 22,311 points. According to the annual report at the Saronggi Health Center, Saronggi sub-district, in 2019, hypertension was found to be number 1. This study aims to determine the effect of psychoeducation on the anxiety level of elderly patients with hypertension in Nambakor Village, Saronggi District.

## MATERIALS AND METHODS

This research is a pre-experiment with a pretest-posttest design. The variable of this research was the anxiety in elderly with hypertension. The Population was the elderly with hypertension in Nambakor Village, Saronggi District. The sample in this study was the elderly who suffer from hypertension as many as 30 people with simple random sampling technique. Collecting data using an anxiety depression anxiety stress scales questionnaire. Based on Cronbach's alpha DASS has a discriminant validity level and a reliability value of 0.91. The DASS 42 questionnaire consists of three scales designed to measure three types emotional state, namely depression, anxiety, and anxiety in a person. the psychoeducation intervention was carried out once a week for four weeks, measuring the level of anxiety before and after the psychoeducation intervention Analysis of the data used is the Paired Sample T Test and Shapiro Wilk test. The data have a normal distribution.

## RESULTS

### General Data

**Table 1.** The respondent's distribution according to age, education, gender and occupation

Age	Total	Percentage
45-53 Years	3	10
54-61 Years	16	53,3
62-69 Years	4	13,3
70-77 Years	4	13,3
78-85 Years	2	6,7
86-93 Years	1	3,3
<b>Education</b>		
Elementary	28	93,3
Junior high	2	6,7

<b>Gender</b>		
	Total	Percentage
Male	13	43,3
Female	17	56,7

  

<b>Occupation</b>		
	Total	Percentage
Farmer	11	36,3
Private employer	19	63,3
Total	62	100

Table 1 shown that the age of respondents were majority 54-53 years as much as 16 people (53,3%). the education of respondents were majority Elementary as much as 28 people (33,9%). the gender of respondents were majority male as much as 17 people (56,7%). the occupation of respondents were majority farmer as much as 27 people (43,5%).

**Specific Data**

**Table 2.** The comparison between mean score of the anxiety score before and after the psychoeducation.

Variable	Group	Mean	SD	P value
Anxiety	Pre test	24,43	7,60	0,002
	Post Test	23,23	7,83	

Based on table 2 the mean of the anxiety score before the psychoeducation intervention was 24,43±7,60 and the mean of the anxiety score after the psychoeducation intervention was was 23,23 ± 7,83. The results of the paired t test of anxiety score was p = 0.002, means that there is significant difference in anxiety scores before and after psychoeducation. decrease in anxiety scores means that there is an effect of psychoeducational interventions in reducing anxiety in elderly people with hypertension.

**DISCUSSION**

**The effect of psychoeducation on the anxiety of high blood pressure**

Research results show there is an influence of psychoeducation on the score of anxiety in elderly with hypertension in Nambakor Village, Saronggi District. The analysis obtained from the results of providing psychoeducation is very effective in reduce anxiety of elderly with hypertension. Patients can turn negative thoughts into positive ones by tuning in to coping sources, especially personal abilities and positive beliefs. Psychoeducation can show an increase in an individual's ability to control anxiety and reduce anxiety (Ulfiana & Wahyuni, 2020). Statistically, there is an effect of psychoeducation on pressure. The results of this study are in line with research conducted by Ismoyowati (2016). In patients with CKD with HD in Corolus Jakarta. A person's concern about the emergence of a new problem in hypertension will cause mental and emotional disturbances or unpleasant feelings for sufferers or those who have just been diagnosed, as we encounter or feel, one of them is anxiety. This feeling arises due to the psychological impact of a person since knowing that he is having problems with his health and includes a fear of something he does not know (Damayanti et al., 2019). Psychoeducation can

improve cognitive abilities because it contains elements to increase knowledge about anxiety, the danger signs of hypertension that can help reduce anxiety. psychoeducation is more intensive in exploring problems, coupled with the exchange of opinions and socializing between the elderly and the health profession based on their needs and providing opportunities to express their respective problem (Astuti et al., 2019).

Anxiety is a response to a threat and something that the cause is not known and is one of the different emotional states of a person. This situation can interfere with the life of a person or individual if it has reached a moderate and severe level. Due to the lack of knowledge and insight, especially the problems of the disease, he suffers such as hypertension (Suprayitno E & Sumarni S, 2020). This is in line with research conducted by Sari (2012), which explains that the provision of health education can reduce anxiety levels quite well. This is because it can change the mindset of an individual to understand and understand what to do next and control the situation according to what he is experiencing, such as health problems in fighting disease (Suprayitno et al., 2020). Anxiety is influenced by several factors from each individual itself, depending on the coping carried out. But knowledge is also the

main problem being the leading cause that causes mild and severe anxiety problem (Laka et al., 2018). Shared knowledge can trigger a person to think badly without knowing for sure what is happening to him that is not under what he has in mind, one of which is to prevent it by providing health education to the patient, family, and surrounding community. By discussing, ordering, suggesting, suggesting, explain and help decide problems concerning health so that individuals, families, and communities can cope well to reduce anxiety and overcome the illness they suffer (Puspitasari et al., 2021).

The provision of psychoeducation can positively impact individual cognitive and physiological responses to training to divert stimuli from outside and from within. Providing family psychoeducation will help speed up the patient's recovery and be able to overcome anxiety (Laka et al., 2018). Physiological responses to anxiety are increased blood pressure, sleep disturbances, disturbed eating patterns, and headaches. The physiological stress response reflects several neuroendocrine hormones, including prolactin, adrenocorticotropic hormone (ACTH), vasopressin, oxytocin, insulin, epinephrine, norepinephrine, and other neurotransmitters in the brain (Arani et al., 2020). The fight-or-flight physiological response stimulates the sympathetic division of the autonomic nervous system and increases adrenal gland activity. In addition, stress can affect a person's immune system and ability to deal with illness. This is in line with research conducted by Espahbodi et al. (2015) on the impact on symptoms of anxiety and depression in patients undergoing dialysis, with psychoeducational measures proven to reduce depression scores using the Hamilton Anxiety Depression Scale (HADS) by obtaining a significant value (Brahim et al., 2021).

## CONCLUSION

There is an influence of psychoeducation on anxiety in the elderly with hypertension in Nambakor Village, Saronggi District. It is recommended that further research be carried out using a different research design. Conduct additional research on the application of psychoeducation in reducing anxiety levels in the elderly with hypertension by involving and increasing the role of the family, and it is hoped that further researchers can develop more expansive research results.

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