



THE RELATIONSHIP BETWEEN THE LEVEL OF KNOWLEDGE AND ATTITUDE OF HYPERTENSIVE PATIENTS TOWARDS BLOOD PRESSURE CONTROL IN INPATIENT ROOM PATIENTS OF DR. ADJIDARMO HOSPITAL, LEBAK REGENCY IN 2023

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Abstract

Background: Based on a preliminary study conducted at RSUD dr. Adjidarmo, Lebak Regency, it was found that as many as (90%) 18 out of 20 patients with hypertension claimed not to have made efforts to control blood pressure. Purpose: To determine the relationship between the level of knowledge and attitude with blood pressure control in hypertensive patients at RSUD dr. Adjidarmo Lebak Regency. Methods: Cross sectional through a point time approach where samples were taken using a total sampling of 58 respondents. Data analysis using chi square test. Results: Demonstrate the level of knowledge and attitude associated with blood control (p-value 0.022) and (p-value 0.002). Conclusion: There is a relationship between the level of knowledge and attitude and blood pressure control. It is expected that the hospital can provide information and health education regarding efforts to control blood pressure can be controlled properly and the impact of complications from hypertension can be avoided.

Keywords: Attitude, Blood Pressure Control, Knowledge Level

Introduction

Hypertension or commonly known as high blood pressure really needs to get attention from every individual. This is because hypertension can attack everyone without any signs appearing on the body. One way to overcome health problems is to prevent the occurrence of hypertension for the general public and the prevention of recurrence in people with hypertension in particular (Anshari, 2020).

Prevention of recurrence or control of hypertension needs to be done by all people with hypertension so that there is no more severe increase in blood pressure. But unfortunately not all people with hypertension can control the disease. This is because the level of knowledge and attitudes of people with hypertension about disease control is not the same (Anshari, 2020).

Data released by (WHO, 2020) shows that around 26.4% of the world's population has hypertension with a ratio of 26.6% of men and 26.1% of women. As many as approximately 60% of people with hypertension are in developing countries, including Indonesia.

Based on Basic Health Research (Riskesdas, 2018) the prevalence of hypertension in Indonesia is 34.1%. This phenomenon shows an increase compared to the prevalence of hypertension in Riskesdas in 2013 of 25.8%. It is estimated that only 1/3 of cases of hypertension in Indonesia are diagnosed, the rest are undiagnosed.

Based on Banten Basic Health profile data in 2019, the prevalence in Banten Province which has hypertension is 8.61% (Riskesdas, 2018). The incidence of hypertension in Lebak Regency in 2020 was

41,842 cases and was always included in the data of the 20 Largest Disease Patterns with the 5th order in the last three years (Lebak Health Office, 2021). The incidence of hypertension at RSUD dr. Adjidarmo is 3302 cases and ranks 2nd in the 10 Most Disease Cases data in 2022.

Hypertension can be prevented and controlled by cultivating healthy living behaviors. Healthy living behaviors include consuming foods with balanced nutrition that meet nutritional needs with elements rich in fiber, low fat and low sodium (less than 6 grams of sodium per day), exercising regularly, getting enough rest, thinking positively, not smoking, and not consuming alcohol because cigarettes and alcohol can increase the risk of hypertension. However, the lack of adequate public knowledge about hypertension and its prevention tends to increase the incidence of hypertension (Wahid, 2018).

Hypertension is a condition that can be prevented or controlled. However, from the results of data observations that people with hypertension are increasing every year almost all over the world and cause global public health problems that contribute to the burden of heart disease, stroke, kidney failure, disability and premature death (Anshari, 2020).

Based on the results of a preliminary study conducted at RSUD dr. Adjidarmo Lebak Regency in November 2023, researchers obtained data showing that as many as 18 out of 20 patients with hypertension admitted not to making efforts to control blood pressure, as many as 12 out of 20 patients were negative, and 16 out of 20 patients claimed not to know how to control blood pressure. Based on the descriptions above, researchers are interested in conducting a study entitled "The Relationship Between the Level of Knowledge and Attitude of Hypertensive Patients Towards Blood Pressure Control in Inpatients of RSUD dr. Adjidarmo, Lebak Regency in 2023".

Methods

1.1 Research Design

The type of research used in this study is analytical research with a cross sectional study approach, which is a research to study the dynamics of correlation between risk factors and effects through an approach, by approaching, observing and collecting data at once at a time (point time approach), so that the object of research is only observed once.

1.2 Setting and Samples

This study was carried out in the RSUD dr. Adjidarmo district of Lebak in November 2023. Sampling must be done in a way that produces a sample that is both accurately representative of the population and able to describe its current status. The sample must also meet inclusion and exclusion criteria. Patients who meet the following requirements will be included in the study sample: Willing to be a respondent, an inpatient of RSUD dr. Adjidarmo with hypertension, aged 45-60 years, a patient who can read and write, and fill out a complete questionnaire. The exclusion criteria for this study sample are as follows: Not willing to be a respondent, not hypertensive patient, under 45 years old, cannot read and write or does not fill out complete questionnaires that have been given by researchers.

Sampling in this study used total sampling techniques, which was 58 respondents. due to the small population of less than 100. (Sugiyono, 2018) defines census or total sampling as a sampling technique in which every member of the population is included in the sample. A census should be used for research on populations under 100, ensuring that a representative sample of the population is used for all subjects under study or as informant responders.

1.3 Measurement and Data Collection

Data collection techniques in this study by filling out questionnaires. After the type of research instrument is determined, the next step is to test the validity and reliability of the instrument, a good

instrument must meet the requirements of valid and reliable. For this reason, researchers conduct validity and reliability tests first before the instrument is used in research. Based on the SPSS results, 10 out of 10 knowledge questions were declared valid, 10 out of 10 attitude statements were declared valid, and 10 out of 10 blood pressure control questions were declared valid. In this study, reliability tests were conducted using SPSS for windows with Cronbach's Alpha model measured based on Cronbach's Alpha scale 0 to 1, then the results for the knowledge questionnaire Alpha Cronbach's value of 0,860 were obtained. As for attitude questionnaire, Cronbach's Alpha score was 0,868. As for blood pressure control questionnaire, Cronbach's Alpha score was 0,868. As for blood pressure control questionnaire, Cronbach's Alpha score was 0,868. As for blood pressure control questionnaire, Cronbach's Alpha score was 0,868.

1.4 Data Analysis

The following stages of analysis were used to test the hypothesis and analyze the data: univariate analysis, which was used to identify and evaluate the characteristics of the research subject; bivariate analysis, which tested the chi square statistical test with a meaning limit said to be meaningful when it has p value ≤ 0.05 , was used to ascertain the influence of two variables, independent variables and dependent variables. Alternatively put, if p value ≤ 0.05 is the Chi Square value.

1.5 Ethical Considerations

This research is conducted by providing an explanation to prospective respondents about the purpose and objectives of the research, if prospective respondents agree to participate in the research, prospective respondents are required to sign informed consent. This research has obtained a research permit from the head of the Institute of Health Science Abdi Nusantara Nursing Study Program which was shown to RSUD dr. Adjidarmo, Lebak Regency. The research used 32 references from 2004 to 2020.

Results

Gender	Amount	Percentage	
Male	31	53,4%	
Female	27	46,6%	
Total	58	100%	
Age	Amount	Percentage	
45-50 Years	28	48,3%	
51-55 Years	17	29,3%	
56-60 Years	13	22,4%	
Total	58	100%	
Education	Amount	Percentage	
Primary School	13	22,4%	
Junior High School	16	27,6%	
High School	22	37,9%	
College	7	12,1%	
Total	58	100%	
Ward	Amount	Percentage	

1.1. Characteristics of Respondents

Apel	14	24,1%
Duku	6	10,3%
Markisa	18	31,0%
Salak	10	17,2%
Anyelir	10	17,2%
Total	58	100%

According to table 1 the gender characteristics of respondents, there were 58 respondents who were male (53,4%), and 27 respondents were female (46,6%).

Regarding the characteristics of respondents' age, there were 28 respondents in the age range of 45 to 50 years (48,3%), 17 respondents in the ages range of 51 to 55 years (29,3%), and 13 respondents between 56 to 60 years (22,4%).

Regarding the characteristics of respondents' education, there were 13 respondents with Primary School education (22,4%), 16 respondents having Junior High School education (27,6%), 22 respondents have High School education (37,9%), and 7 respondents are with College education (12,1%).

Regarding the characteristics of respondents' ward, there were 14 respondents in Apel Ward (24,1%), 6 respondents in Duku Ward (10,3%), 18 respondents in Markisa Ward (31,0%), 10 respondents in Salak Ward (17,2%), and 10 respondents in Anyelir Ward (17,2%).

1.2. Level of Knowledge

Table 2. Frequency Distribution of Knowledge Level				
Knowledge Level	Amount	Percentage		
Sufficiently	21	36,2%		
Well Informed	37	63,8%		
Total	58	100%		

Based on table 2 on the level of knowledge, as many as 21 respondents were sufficiently knowledgeable (36,2%), and 37 respondents were well informed (63,8%).

1.3. *Attitude*

Table 3. Frequency Distribution of Attitude				
Attitude	Amount	Percentage		
Negative	20	34,5%		
Positive	38	65,5%		
Total	58	100%		

Based on table 3 on attitudes, as many as 20 respondents had a negative attitude towards the use of contraceptive (34,5%), and 38 respondents had a positive attitude towards the use of contraceptive (65,5%).

1.4. Blood Pressure Control

Table 4. Frequency Distribution of Blood Pressure Control

Contraceptive	Amount	Percentage
Negative	21	36,2%
Positive	37	63,8%
Total	58	100%

Based on table 4 on blood pressure control, as many as 21 respondents had a negative behaviour towards the blood pressure control (36,2%), and 38 respondents had a positive behaviour towards the blood pressure control (63,8%).

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		Blood Press	ure Control	- Total p va	n vəlue	Odd Ratio (CI 95%)
		Negative	Positive		p value	
Knowledge Levels	Sufficiently	12 (57,1%)	9 (42,9%)	21 (100%)	0,022	4,148
	Well Informed	9 (24,3%)	28 (75,7%)	37 (100%)		1 320 - 13 035
Total		21 (36,2%)	37 (63,8%)	58 (100%)		1,520 15,055

1.5. Relationship of Knowledge Levels to Blood Pressure Control Table 5. Relationship of Knowledge Levels to Blood Pressure Control

Based on table 5. about the relationship between the level of knowledge and blood pressure control, as many as 12 respondents had sufficient knowledge and blood pressure control were negative (57,1%), and as many as 9 respondents were knowledgeable enough and blood pressure control was positive (42,9%). While as many as 9 respondents were well informed and their blood pressure control was negative (24,3%), and as many as 28 respondents were well informed and their blood pressure control was positive (75,7%).

1.6. Relationship of Attitude to Blood Pressure Control

Table 6. Relationship of Attitude to Blood Pressure Control						
		Blood Pressure Control		Total	n vəluo	Odd Ratio
		Negative	Positive	I Otal	p value	(CI 95%)
Attitude	Negative	13 (65,0%)	7 (35,0%)	20 (100%)		6,964
	Positive	8 (21,1%)	30 (78,9%)	38 (100%)	0,002	2 0.97 22 242
Total		21 (36,2%)	37 (63,8%)	58 (100%)	-	2,007 - 23,245

Based on table 6 about the relationship between attitudes and blood pressure control, as many as 13 respondents had negative attitude and their blood pressure control was negative (65.0%), and as many as 7 respondents had negative attitude and their blood pressure control was positive (35.0%). While as many as 8 respondents had positive attitude and their blood pressure control was negative (21.1%), and 30 respondents had positive attitude and their blood pressure control was positive (78,9%).

Discussion

4.1. Relationship of Knowledge Levels to Blood Pressure Control

In the results of processing research data on Chi Square test results, results were obtained with Asymp values. Sig. (2-sided) $0.022 \le 0.05$ so that these results prove that there is a meaningful relationship between the level of knowledge and blood pressure control in hypertensive patients in the inpatient room of RSUD dr. Adjidarmo, Lebak Regency in 2023.

This is in line with research conducted In line with research (Simanjuntak et al., 2019) it was obtained that the majority of respondents' knowledge had good knowledge as many as 35 respondents (64.8%). In accordance with education, respondents who are dominated are high school graduates. There were 25 respondents (46.3%) whose blood pressure control was good. The overall research findings

show that there is a relationship between hypertension knowledge in efforts to control blood pressure in people with hypertension.

Researchers assume that increasing patient knowledge about hypertension will encourage a person to behave better in controlling hypertension so that his blood pressure remains under control. Good behavior can be applied by changing lifestyles such as limiting fatty foods, reducing salt foods, not smoking, not consuming alcohol, regular exercise, and avoiding stress. Patient knowledge about hypertension also affects patient compliance in treatment. Patients with a good level of knowledge about hypertension will be subject to treatment. Along with increasing knowledge about hypertension, hypertensive patients can manage the disease so that patients become better.

4.2. Relationship of Attitude to Blood Pressure Control

In the results of processing research data on Chi Square test results, results were obtained with Asymp values. Sig. (2-sided) $0.002 \le 0.05$ so that these results prove that there is a significant relationship between attitude and blood pressure control in hypertensive patients in the inpatient room of RSUD dr. Adjidarmo, Lebak Regency in 2023.

This is in line with research conducted by (Sutrisno, 2018) obtained many from respondents with sufficient attitude categories and sufficient hypertension control as many as 54 respondents (81.8%). Based on the results of the somers test, an r value of 0.742 is obtained, indicating that the p value (0.00) < (0.05). The findings of this study support the relationship between attitudes and behaviors towards hypertension control in the Jono Beach area, Batubara Regency.

According to researchers, attitude plays an important role in patient behavior regarding controlling blood pressure. This is influenced by several factors, one of which is the ability to take action and act effectively. Thus, the attitudinal component generally has motivational and emotional aspects. This corresponds to the elements in behavior i.e. motivation. Without motivation, patients find it difficult to behave in controlling their blood pressure. Someone who receives the benefits of controlling blood pressure because they have a positive attitude. Attitude can also be interpreted as an internal ability that plays a role once in taking action. Conversely, if someone has an unstable attitude, will hesitate and be confused in making choices or doing something, someone who has enough information about something to be addressed will be able to determine the attitude firmly without hesitation.

Implication and Limitations

In conducting this research, the authors encountered several obstacles, including the limitations of controlling activities that could affect the level of knowledge and attitude.

Conclusion

Based on the results of research on the relationship between the level of knowledge and attitude of hypertensive patients towards controlling blood pressure in the inpatient room of RSUD dr. Adjidarmo, Lebak Regency in 2023, conclusions can be drawn: There is a relationship between the level of knowledge and blood pressure control. There is a relationship between attitude and blood pressure control. It is known that the level of knowledge in hypertensive patients that as many as 21 respondents with sufficient knowledge (36,2%), and 37 respondents well informed (63,8%). It is known that the attitude of hypertensive patients that as many as 20 respondents had negative attitude (34,5%), and 38 respondents had positive attitude (65,5%). It is known that blood pressure control in hypertensive patients that as many as 21 respondents have negative blood pressure control (36,2%), and 37 respondents have negative blood pressure control (36,2%), and 37 respondents have negative blood pressure control (36,2%), and 37 respondents have negative blood pressure control (36,2%), and 37 respondents have negative blood pressure control (36,2%), and 37 respondents have negative blood pressure control (36,2%), and 37 respondents have negative blood pressure control (36,2%), and 37 respondents have positive blood pressure control (36,2%).

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Author Contribution

Author 1 and Author 2 contributed to the design and implementation of the research, to the analysis of the results and to the writing of the manuscript.

Conflict of interest

The results of this research can be used as an additional literature for the development of nursing science, and to meet the requirements of obtaining Bachelor of Nursing Degree for Author 1.

References

- Anshari, Z. (2020). Komplikasi Hipertensi Dalam Kaitannya Dengan Pengetahuan Pasien Terhadap Hipertensi dan Upaya Pencegahannya. Jurnal Penelitian Keperawatan Medik,2(2),44– 51. http://ejournal.delihusada.ac.id/index.php/JPKM/article/view/289.
- [2] Arikunto, S. (2010). Prosedur Penelitian Suatu Pendekatan Praktik. Jakarta: Rineka Cipta.
- [3] Arikunto, S. (2010). Prosedur Penelitian Suatu Pendekatan Praktik. Jakarta: Rineka Cipta.
- [4] Azwar, S. (2011). Penyusunan Skala Psikologi. Yogyakarta: Pustaka Pelajar Offset.
- [5] Bustan. M. N. 2016. Epidemiologi Penyakit Tidak Menular. Jakarta: PT Rineka Cipta.
- [6] Hurlock, E. B. (2004). *Psikologi Perkembangan Suatu Pendekatan Sepanjang Rentang Kehidupan*. Erlangga.
- [7] Khasanah. (2012). *Waspadai Beragam Penyakit Gegeneratif Akibat Pola Makan*. Yogyakarta: Laksana.
- [8] Kementerian Kesehatan Republik Indonesia. (2018). Riset Kesehatan Dasar.
- [9] Manurung, & Marnaek Irfan A. (2016). Karakteristik Penderita Hipertensi Dengan Komplikasi Rawat Inap Di Rumah Sakit Umum Daerah Deli Serdang Kabupaten Deli Serdang Tahun 2014. Medan : Skripsi.
- [10] Martha. 2012. Panduan Cerdas Mengatasi Hipertensi. Yogyakarta : Araska.
- [11] Maryono, D. (2015). Penyakit Jantung. Jakarta: PT. Bhuana Ilmu.
- [12] Masriadi, H. (2016). Epidemiologi Penyakit Tidak Menular. Jakarta : CV. Trans Info Media.
- [13] Notoatmodjo. (2010). Metodologi Penelitian Kesehatan. Jakarta: Gramedia Pustaka Utama.
- [14] Notoatmodjo. (2014). Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta.
- [15] Notoatmodjo. (2018). Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta.
- [16] Nurrahmani, Ulfah, & Kurniadi, H. (2015). *Gejala Penyakit Jantung Koroner, Kolesterol Tinggi, Diabetes Mellitus, Hipertensi*. Yogyakarta : Istana Media.
- [17] Nursalam. (2018). Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan. Jakarta: Salemba Medika.
- [18] Pudiastuti, R. D. (2013). Penyakit-Penyakit Mematikan. Yogyakarta: Nuha Medika.
- [19] Rudianto. (2013). *Faktor-Faktor Resiko Hipertensi Grade II Pada Masyarakat*. Semarang: Universitas Diponegoro.
- [20] Santosa, I. (2011). *Hipertensi Pada Lansia di Pantai Social Tresna Werdha Gau Kabupaten Gowa*. Makassar: UIN Alauddin Makassar.
- [21] Sari, Y. N. I. (2017). Berdamai Dengan Hipertensi. Jakarta : Bumi Medika.
- [22] Saryono. (2011). *Metodologi Penelitian Kesehatan Penuntun Praktis Bagi Pemula*. Yogyakarta: Mitra Cendikia Press.

- [23] Simanjuntak, et al. (2019). *Pengetahuan Dan Sikap Tentang Hipertensi Dengan Pengendalian Tekanan Darah*. Journal of Public Health and Community Medicine. 3(01), 1-7.
- [24] Situmorang, P. R. (2015). Faktor-Faktor Yang Berhubungan Dengan Kejadian Hipertensi Pada Penderita Rawat Inap Di Rumah Sakit Umum Sari Mutira. STIKes Imelda Medan. Jurnal Ilmiah Keperawatan Volume 1 No.1.
- [25] Suraioka, I. P. (2012). Penyakit Degeneratif. Yogyakarta: Numedmedika.
- [26] Sugiyono. (2013). Statistika Untuk Penelitian. Bandung: Alfabeta.
- [27] Sugiyono. (2014). Metode Penelitian Bisnis. Bandung: Alfabeta.
- [28] Sugiyono. (2018). Metode Penelitian Kombinasi (Mixed Methods). Bandung: Alfabeta.
- [29] Sunaryo (2014). Psikologi Untuk Keperawatan. Jakarta : EGC.
- [30] Wawan, A., & Dewi, M. (2010). *Teori & Pengukuran Pengetahuan, Sikap, dan Perilaku Manusia*. Bekasi: Nuha Medika Sarana.
- [31] Wawan A., & Dewi, M. (2011). *Teori dan Pengukuran Pengetahuan, Sikap, dan Perilaku Manusia*. Bekasi: Nuha Medika Sarana.
- [32] Yuda, P. (2011). *Deteksi Dini dan Pencegahan Hipertensi dan Stroke*, Yogyakarta: Media Pressindo.