Relationship Between Self Care Management with Quality Of Live of Elderly Chronic Disease Management Program members at Grogol Sukoharjo Health Center

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Track Record Article	Abstract
        How to cite : Rahayu, P., & Kartinah, K. (2024). Relationship Between Self Care Management with Quality Of Live of Elderly Chronic Disease Management Program members at Grogol Sukoharjo Health Center. *Contagion : Scientific Periodical of Public Health and Coastal Health*, 6(2), 1047–1060.	*Chronic disease management program (Prolanis) is a program that focuses on 2 diseases, namely hypertension and diabetes mellitus. Increased blood pressure exceeding 140 mmHg for diastole and above 90 mmHg for systole is hypertension. Although elevated blood sugar (glucose) levels in the body are a diabetic mellitus. Both diseases can attack anyone, especially the elderly. The elderly are very susceptible to disease due to decreased immunity and physical health.The disease can become complication that leads to death. With these complications, it's likely to disrupt the quality of life in the elderly. One effort to improve the quality of life of population, including the elderly, requires effective and efficient management in the form of self-care behavior management. The purpose of this study is to ascertain how elderly Prolanis members' quality of life and self care management relate to one another. This research uses cross-sectional methodology and is quantitative in nature. From May to June 2024, this study was carried out at the Grogol Sukoharjo Community Health Center. There were 288 elderly Prolanis members at the Grogol Sukoharjo Community Health Center who made up the study's population. Purposive sampling was the method utilized in the sampling process, providing an 81-person sample. The WHOQOL-BREF and the chronic disease self-care management questionnaire were utilized for data collection. Chi-square test used in bivariate analysis of research data. The statistical test obtained p value (0.001) <a value (0.05). So, it can be concluded that there is relationship between self care management and quality of life (p = 0.001). From this, self care management can affect the quality of life the elderly. Therefore, the community health center can optimize health education services regarding self care management to all Prolanis members so that it's expected to reduce disease complications.* **Keywords: Cronic Diseases, Elderlyl, Quality of Life, Self Care Management**

INTRODUCTION

Indonesia is currently entering the aging population phase, namely the proportion of the elderly population is increasing. According to BPS, (2023) the almost 12% or 29 million Indonesians are categorized as elderly. Meanwhile, according to Kemenkes RI, (2022) the world's population aged > 65 years will reach 771 million in 2022 or three times the number in 1980 (258 million). It is projected that there will be 994 million senior citizens in 2030 and 1.6 billion in 2050. As a result, the number of individuals over 65 in the world will more than double by 2050.

The increasing number of elderly people certainly causes many problems, especially in terms of the health and welfare of the elderly (Aini et al., 2024). Problems in terms of health such as decreased physical health which causes reduced body immunity or resistance to external effects so that the elderly are susceptible to disease. Some diseases that often occur in the elderly include hypertension and diabetes mellitus (Sumarsih & Susanty, 2023). These

diseases are one of the public health problems, especially for the elderly due to the high rates of sickness and death throughout the world (Khusnia et al., 2024). If this type of disease develops slowly and occurs over a long period of time, it can be categorized as a chronic disease.

Chronic diseases are medical conditions that have long-lasting symptoms and are the most common health problems that lead to death worldwide (Febriawati et al., (2023). Based on WHO data in 2022, 70% of deaths in the world are caused by chronic diseases. By 2030, an estimated 150 million people will suffer from chronic diseases. In 2008, chronic diseases were the cause of 36% of deaths worldwide and in Indonesia, chronic illnesses were the main cause of mortality in 2018 (Kemenkes RI, 2022). Changing lifestyles, intake of foods high in fat and cholesterol, smoking, and high stress levels are causes of chronic diseases (Juliana et al., 2023). Due to the high number of cases of chronic diseases, the government through BPJS Kesehatan has created the Chronic Disease Management Program or Program Pengelolaan Penyakit Kronis (Prolanis) to respond to the high number of cases.

According to the World Health Organization in 2023, 1.28 billion adults aged 30-79 years had hypertension. This figure is predicted to increase every year and will reach 1.5 billion people in 2025, with 10.44 million deaths due to complications of hypertension (WHO, 2023). The results of Riskesdas Jawa tengah (2022) of several chronic diseases in Indonesia, hypertension occupies the largest proportion of all non-communicable chronic diseases, namely 76.5 percent. While the second largest proportion is diabetes mellitus at 10.7 percent. Data from the Ministry of Health in 2022, the number of people with diabetes mellitus in 2021 was around 537 million people. It is anticipated that by 2030, there will be 643 million, and by 2045, there will be 783 million (Kemenkes RI, 2022).

According to data from the Sukoharjo District Health Office in 2022, the prevalence of chronic non-communicable diseases in 2023 in Sukoharjo District was 139.114 (52.7%) hypertension sufferers and 15,927 (90.77%) diabetes mellitus sufferers. In Sukoharjo Regency, there are 12 health centers. Of the 12 health centers, the highest prevalence of diabetes mellitus and hypertension sufferers was at the Grogol Health Center with 28,246 hypertension sufferers and 1,793 diabetes mellitus sufferers (Dinkes Sukoharjo, 2022).

The presence of hypertension and diabetes mellitus often causes various complications that attack every organ and occur at the end of the disease. Complications that often occur in people with hypertension and diabetes mellitus are heart disorders, kidney failure, stroke, cancer, and can lead to death (Ghazali, 2024). With these complications, it is likely to interfere with the quality of life in the elderly. One effort to improve the quality of life of the population,

including the elderly, requires effective and efficient management in the form of self-care behavior management to minimize complications (Tursina et al., 2022).

Self-care management is the ability to regulate, change, and maintain effective behavior independently. In addition to these things, drug compliance must also be considered so that the disease can be controlled (Salahudin & Amelia, 2024). As is well known, diabetes mellitus and hypertension are chronic conditions that require lifestyle modifications in order to maintain normal blood pressure levels. In this case, family support is crucial to patients' ability to manage their own care with chronic diseases in an effort to control their disease (Fitriani, 2023).

Self-care management can improve coping to adjust and regulate life, feelings of control, and improve quality of life (Efriani et al., 2023). Self-care management programs provide opportunities to improve quality of life. These initiatives empower people to take charge of their own health by monitoring their condition, educating themselves about their specific condition, and partnering with their physicians in assessing the progress of their disease.

METHODS

This study uses quantitative methods with descriptive correlative research with a cross sectional approach. The population in this study were elderly people who were members of prolanis at the Grogol Sukoharjo Health Center from January to March 2024 as many as 288 elderly people. This research was conducted from May to June 2024 at the Grogol Sukoharjo Health Center.

Researchers determined the number of samples based on the Slovin formula, a sample of 74 was obtained and a 10% sample was added as anticipation (buffer), so that the sample amounted to 81 elderly. Purposive sampling was employed in the sampling procedure because the sample had to meet the researcher's inclusion and exclusion criteria, specifically the following: elderly people who are registered as prolanis members at the Grogol Sukoharjo Health Center, elderly people aged ≥60 years, elderly people who have hypertension or diabetes mellitus, and elderly people who are willing to become respondents. While the exclusion criteria are the elderly who are registered at the Grogol Health Center prolanis but do not reside in Sukoharjo Regency and the elderly have language barriers.

The measuring instrument used in this study is a questionnaire. The questionnaire on the self-care management variable (independent) uses a questionnaire modified by the researcher from a combination of the Hypertention Self Management Behavior Questionnaire (HSMBQ) questionnaire from Neesa, (2021) with the Diabetes Self Management

Questionnaire (DSMQ) questionnaire from (Setiyadewi, 2022). Each questionnaire amounted to 20 items. Then the researcher modified the questionnaire to 21 items, and the validity test was carried out by the researcher to 30 elderly prolanis members at the Kartasura Health Center, the results showed that 15 question items were declared valid and reliable with a significance value per item> 0.061 and a Cronbach alpha value of 0.913 while 6 statements were neither valid nor reliable. For quality of life variables (dependent) measured by the WHOQOL-BREF questionnaire from WHO which amounted to 26 questions and had undergone reliability and validity testing by Yuliana, (2022) with a significance value per item> 0.614 and a Cronbach alpha value of 0.629.

Both questionnaires used a Likert scale with answer scores ranging from 1 (never) to 5 (always) for self-care management and 1 (not at all) to 5 (fully experienced) for quality of life. Before filling out the questionnaire, respondents were given informed consent and explained how to fill it out. At the time of filling out the questionnaire, respondents were accompanied by researchers and 2 students who assisted in the questionnaire filling process. So that all respondents fill out the questionnaire completely. The chi-square test is the data analysis method utilized in bivariate analysis. Data were processed using SPSS 27 software for windows. This research has passed the ethical test number 5197/B.1/KEPK-FKUMS/II/2024.

RESULTS

Diagram 1. Respondent characteristics based on Age, Gender and Marital Status (n=81)
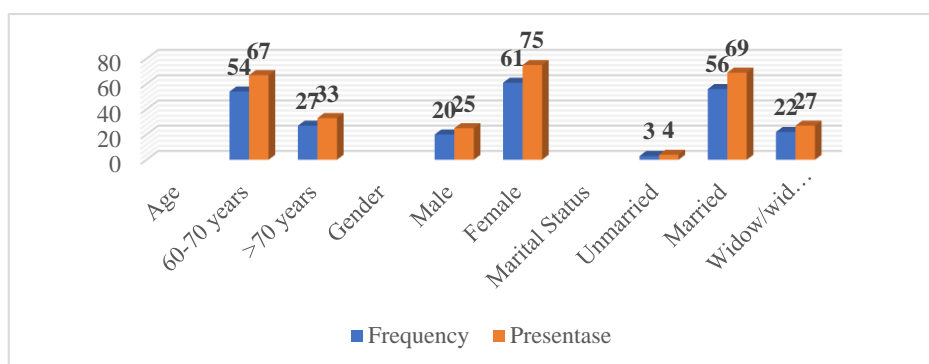

Based on the diagram, it can be seen that the distribution of respondent characteristics data based on age shows that the average age of respondents is 60-70 years, as many as 54 respondents (67%). The most gender is female, as many as 61 people (75%) and the most marital status is married, as many as 56 people (69%).

Diagram 2. Respondent characteristics based on Last Education (n=81)
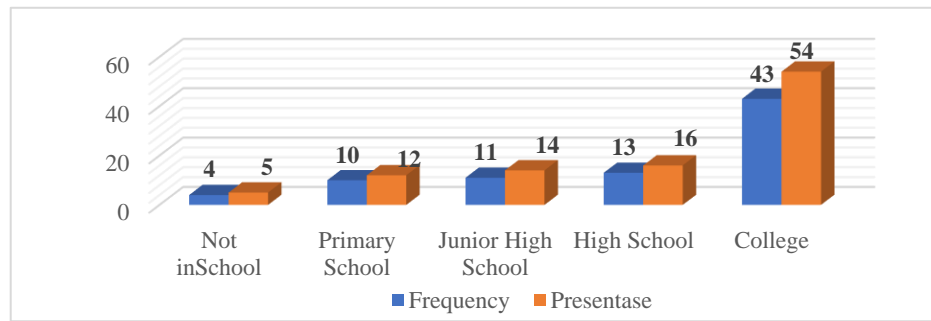
Based on the diagram, the average level of education is higher education with 43 elderly people (53%) and the lowest level of education is no education with 4 elderly people (5%).

Diagram 3. Respondent characteristics based on Occupation (n=81)
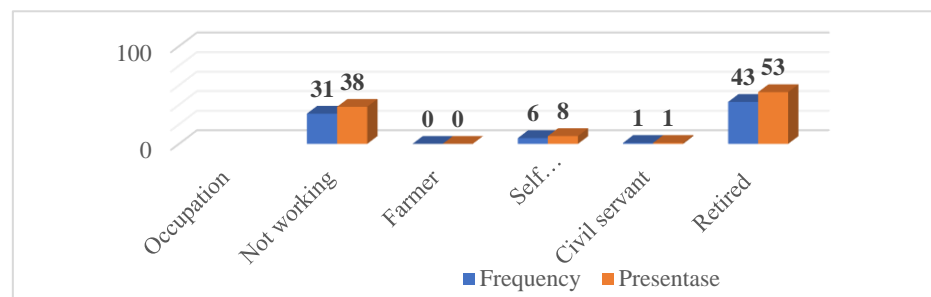
Based on the diagram, it can be seen that the largest type of work is retired with 43 elderly people (53%) and the smallest is civil servant with 1 elderly person (1%).

Diagram 4. Respondent characteristics based on Living Together (n=81)
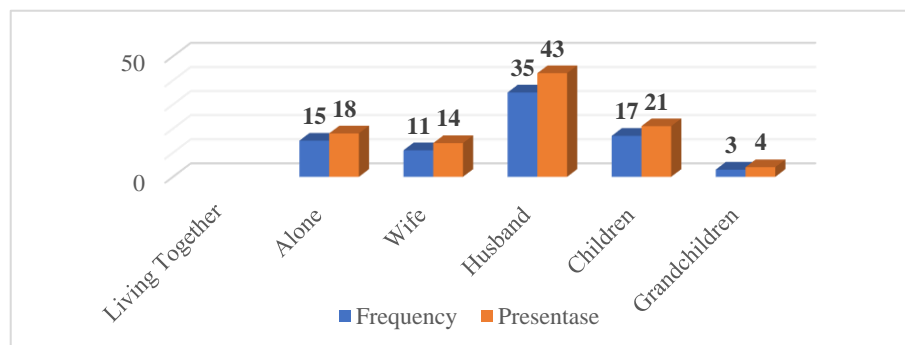

Based on living together, the largest number is living with their husband with the number of elderly people being 35 people (43%) and the smallest number is living with their grandchildren being 3 people (4%).

Diagram 5. Respondent characteristics based on Income, Economic Resources from other families and backbone of the family (n=81)
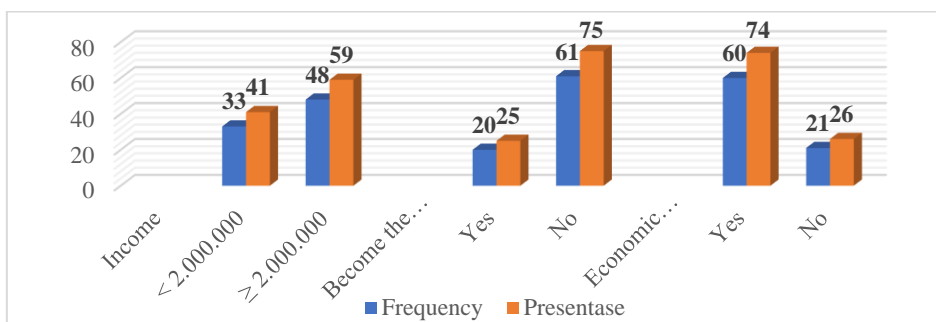

Based on the diagram, it shows that 48 (59%) elderly people in the Grogol Health Center area have an income of ≥ 2,000,000, there are 61 or 75% of elderly people who are no longer the backbone of the family and there are 60 elderly people or 74% of elderly people who obtain economic resources from other families.

Diagram 6. Respondent characteristics based on Smoking history, Alcohol history and Body Mass Index (IMT) (n=81)
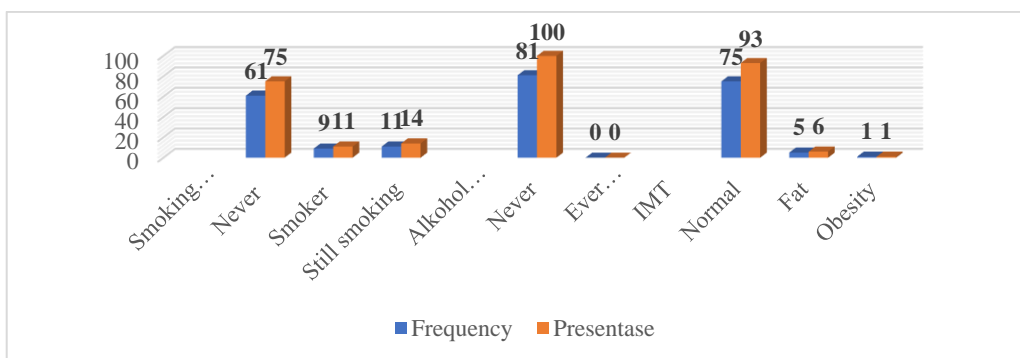

Based on the diagram, show that is found that 75% or 61 elderly never smoked. History of drinking alcohol, it was found that 100% of elderly or 81 elderly never consumed alcohol. And Body Mass Index (IMT) it was found that 93% or 75 of 81 elderly were in the normal category.

Diagram 7. Respondent characteristics based on Diseases Suffered and Complications (n=81)
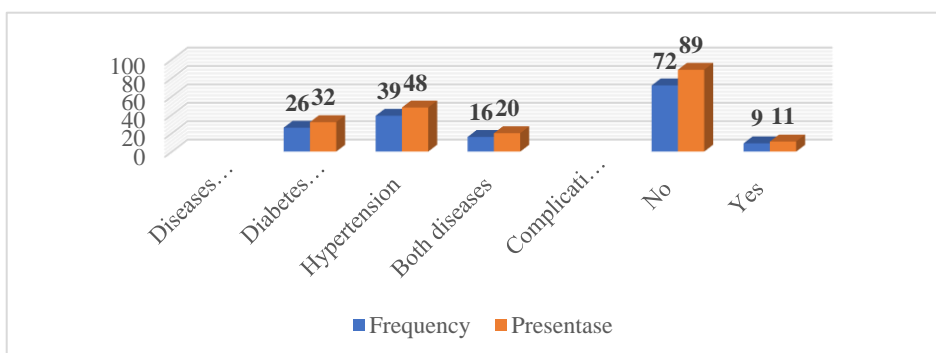
Based on the diagram of the diseases suffered, it was found that the most common disease was hypertension, 39 or (48%) people suffered from hypertension, and the least were people who suffered from both diseases (diabetes mellitus and hypertension) as many as 20% or 16 people. While data based on complications suffered as many as 89% or 72 people did not experience complications of the disease.

Diagram 8. Distribution of Frequency Self Care Management (n=81)
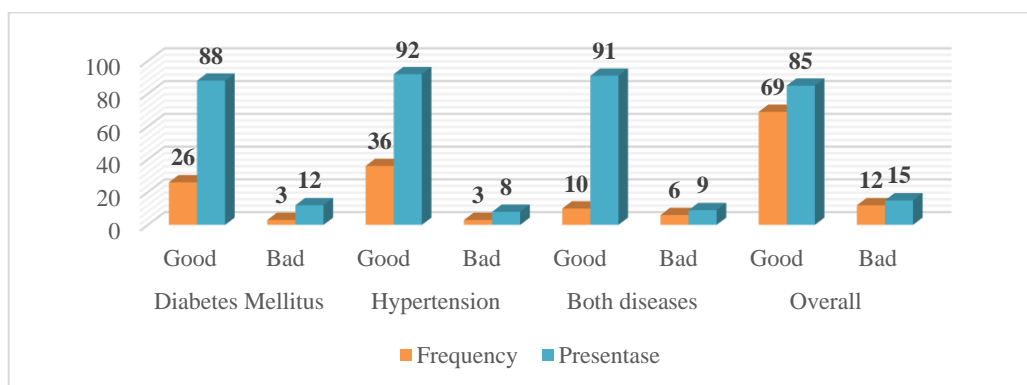
The diagram shows the results that, in this distribution, researchers categorize self-care management and quality of life according to the disease, namely hypertension, diabetes mellitus and both diseases. In each disease item, it is categorized into 2 assessments, namely good and bad. It is said to be a good category if the value reaches $\geq$ 37.5 for self-care management and a value of 41-80 for quality of life. Then it is said to be a bad category if the self-care management value is > 37.5 and 21-40 for quality of life.

Based on the table above, it shows that out of 23 elderly people suffering from diabetes mellitus (88%) they are in the good category, and 3 or (12%) elderly people are in the bad category. Then, as many as 36 elderly people with hypertension (92%) are in the good category, and 3 elderly people (8%) are in the bad category. Furthermore, as many as 10 elderly people suffering from hypertension and diabetes mellitus have good self-care management (91%) and as many as 6 elderly people (9%) are in the bad category. From the three types of diseases, it can be concluded that as many as 69 (85%) elderly people suffering from hypertension, diabetes mellitus or both have a good self-care management category. And as many as 12 (15%) elderly people have a bad self-care management category.

Diagram 9. Distribution of Frequency Quality of Life (n=81)

Based on the diagram, show that for the quality of life of 26 elderly people suffering from diabetes mellitus, there are 22 elderly people with a quality of life in the good category (85%) and 4 of them have a poor quality of life (15%). Then as many as 39 elderly people suffering from hypertension have a quality of life in the good category (100%). Furthermore, as many as 10 elderly people suffering from hypertension and diabetes mellitus, 8 elderly people have a good quality of life (50%) and 8 elderly people have a poor quality of life (50%). Drawing conclusions from the aforementioned data, it can be said that overall there are 69 elderly people with a good quality of life (85%), while 12 of them have a poor quality of life (15%).

Table 1. Relationship between self-care management and Quality of Life in elderly Prolanis members at Grogol Sukoharjo Health Center (n=81)

Disease	Self Care Management	Quality of life		Total	P
		Good	Bad		
Diabetes Mellitus	Good	19	4	23	
	Bad	3	0	3	
Hypertension	Good	36	0	36	
	Bad	3	0	3	0,001
Both disease	Good	8	2	10	
	Bad	0	6	6	
Overall	Good	63	6	69	
	Bad	6	6	12	

Based on the result of the chi square test mentioned above, it was discovered that 19 elderly people with diabetes mellitus had good self-care management and a high quality of life. Four older adults had a poor quality of life and good self-care management, and three elderly people had a poor quality of life and good self-care management. Of the 36 senior patients with hypertension who had good self-care management, 3 had poor self-care management but had a decent quality of life. Among the patients with diabetes mellitus and hypertension, there were eight elderly patients with good self-care management and high quality of life, two senior

patients with good self-care management but bad quality of life, and six elderly patients with poor self-care management and poor quality of life.

According to the chi square test results, which show 63 senior people with good quality of life and self-care management, p = 0.001 where p = 0.001 <0.05, it can be inferred overall. This suggests that the quality of life of senior prolanis members at the Grogol Health Center is significantly correlated with self-care management.

DISCUSSION

According to the Kemenkes RI (2022) Diabetes mellitus and hypertension are chronic non-communicable diseases. When viewed from the characteristics of respondents, the most common disease suffered by respondents was hypertension as much as 44.8% and followed by diabetes mellitus as much as 36.7%. Data from the Sukoharjo District Health Office support this, namely the most chronic diseases are hypertension and diabetes mellitus (Dinkes Sukoharjo, 2022). This study aligns with previous research findings by Ghazali (2024) in community service activities in Palengaan Laok Village, Palengaan District, Pamekasan Regency, namely as many as 58% of the elderly have chronic illnesses similar as hypertension, diabetes mellitus and heart failure.

The majority of respondents in this study were aged 60-70 years (67%). The findings of this investigation are consistent with those of Statistik (2023) stating that in 2045 Indonesia's elderly are expected to reach one-fifth of the entire Indonesian population, therefore it will have an impact on changes from infectious diseases to chronic diseases. The central statistics agency also stated that the results of the statistical survey of the elderly population in 2023 found that theoretically the life expectancy of women is higher than men, so the position of elderly women will be much more than men. This is consistent with the research. that most respondents were female (75%).

As many as 69% of the elderly in this study are married. According to Suryawati et al., (2023) elderly people with married status have a good level of self-care management and quality of life when compared to those who are unmarried, divorced or widowed / widower. This may be related to the age of the respondents, which is> 60 years. Marriage can have an impact on an individual's quality of life since it is intimately linked to their emotional and physical requirements.

The most education found was college graduates, namely 49.4%. This is in accordance with research conducted by Juliana (2023) which states that one of the An important component influencing self care management is education level. Low education will hinder individuals in

processing information, on the contrary, individuals with higher education will tend to have good self-care efficacy and behavior (Aini et al., 2024). However, when viewed from the work of the elderly, the most are retirees as much as 57.3%. The study's findings are consistent with previous research by Fauziyaha (2022) that the characteristics of respondents based on occupation, most of whom are retirees. Retirees here really dominate associated with the high level of education of the elderly in the working area of the grogol health center. So that it can affect the health status and welfare of the elderly.

The health status of patients with chronic diseases is due to a lack of personal awareness to conduct routine health checks (Fitriani, 2023) . Self care management and health checks are important factors so that patients control independently, improve quality of life, and prevent the risk of acute and chronic complications (Juliana et al., 2023). One aspect of self-care management is lifestyle. If you look at the lifestyle of the elderly in this study, there are 4 elderly people who still smoke and 6 of them have smoked. In addition, many elderly people rarely exercise, do not comply with the recommended diet, and do not comply with medication. According to Murni (2023) a poor lifestyle can affect the quality of life of the elderly with chronic diseases and as a result, good self-care management has not been realized.

The results of research on the level of self-care management in this study, both in patients with diabetes mellitus, hypertension and both diseases were in the good category 85%. This means that some elderly people have the ability to carry out self-care of health independently in monitoring their health. This is consistent with studies carried out by Suryawati (2023) on hypertensive patients in the Nisam Antara North Aceh Health Center Working Area that the average self-care in patients with diabetes mellitus is in the good category. Self-care management has the main objective which is the basis for its importance, namely to encourage individuals who experience illness to be more effective in managing their health on an ongoing basis, especially in chronic diseases that require a long time for treatment (Sabil et al., 2019). In addition, self-care management that is carried out routinely can have a good impact on each individual, including increasing individual satisfaction in living life, reducing the risk of complications, increasing independence, decreasing maintenance costs and improving quality of life (Sumarsih & Susanty, 2023).

The results of research on the quality of life of the elderly in this study showed that 85% of elderly people with diabetes mellitus and 100% of elderly people with hypertension had a good quality of life, and 50% of elderly people with both diseases had a good and poor quality of life. This is consistent with studies carried out by Khusnia (2024) that most of the elderly with chronic diseases have a good quality of life (57.1%), this is due to the participation

of the elderly in participating in chronic disease management programs. However, this study is inversely proportional to research conducted by Isnaeni (2024) that as many as 61.9% of elderly people with chronic diseases have a poor quality of life. The elderly typically have fewer resources available to them, which lowers their quality of life. Since families are the smallest social units, they play a crucial role in providing elder care and enhancing the quality of life for the elderly.

According to (Salahudin & Amelia, 2024) it is said that the quality of life is good because the elderly feel able to carry out their own activities, feel good about their current health, feel comfortable with the environment where they live, and get support from family and friends. besides that, factors that affect the quality of life in people with hypertension are not only self-care, but can be caused by psychological, social relationships, social support, sexual activity, and also environmental factors such as safe, clean, and social care (Fitriani, 2023). Meanwhile, according to Sani (2023) poor quality of life in the elderly with hypertension is due to respondents feeling unable to carry out daily activities because they remember that as they get older, the physical ability to carry out activities begins to decline, so they need maximum assistance by others or family.

The results of bivariate analysis between self care management and the quality of life of elderly prolanis members at the Grogol Sukoharjo Health Center obtained an Asymp.sig value. (2-sided) in the chi square test is 0.001. Due to the Asymps.sig. (2-sided) value of 0.001 <0.05, it can be concluded that the alternative hypothesis is accepted and the null hypothesis is rejected. Thus it can be interpreted that there is a relationship between self care management and the quality of life of elderly prolanis members at the Grogol Sukoharjo Health Center. These results can be interpreted if the better the self-care management in the elderly, the better the quality of life.

The study's findings are consistent with previous research by Neesa (2021) on hypertensive patients at the Baki Sukoharjo Health Center that the better a person's self-care management, the better his quality of life. Good Self Care Management is characterized by real actions and behaviors of individuals to take care of themselves. Forms of self-care in patients with non-communicable diseases by making behavior changes (Fauziyaha et al., 2022). With behavior change, it is hoped that it can make people aware of being able to regulate their diet, do activities properly, carry out routine health checks, and be able to comply with health worker recommendations such as taking medication at the right time and dose (Purqoti et al., 2024).

This study also aligns with previous research findings by Rande (2023) there is a significant correlation with a significance value of 0.013 and a connection strength level of

0.389 (low association) between independence (self-care) and the quality of life of patients with diabetes mellitus in the inpatient room of RSUD Dr. Abdul Rivai Berau. However, this study is not in line with research conducted by Darmawan (2020) which states that there is no relationship between self management and the quality of life of patients with rheumatoid arthritis at the Baki Sukoharjo health center, this is because patients with poor quality of life have performed sufficient self management and are also caused by other factors, namely knowledge, attitudes, perceptions and perceived obstacles.

The implementation of good self-care management will have an impact on quality of life. Quality of life is influenced by several things such as physical, psychological health, family support, social relationships in the environment and knowledge (Kholifah & Suratini, 2023). Elderly people who still live with their families so that the process of doing self-care gets support then also provides satisfaction with access to health services (Febriawati et al., 2023). Decreased physical health in respondents makes respondents more active in taking drugs regularly and controlling other factors that can worsen conditions, this underlies the value of quality of life in elderly prolanis members (Efriani et al., 2023). If elderly people with chronic diseases have good self-care management every day, it can increase the recovery rate which has an impact on increasing the value of quality of life in that individual. It takes high awareness and willingness to be able to carry out self-care appropriately and sustainably.

CONCLUSIONS

The study's findings indicate that, with a p value of 0.001, there is a connection between senior Prolanis members' quality of life and their ability to control their own health. This is evidenced by the fact that most respondents have good self-care management accompanied by a good quality of life. While the elderly who have poor self-care management with poor quality of life are due to the lack of support from factors that influence both.

It is expected that health workers can optimize health education services regarding self-care management to all prolanis members so that it can reduce disease complications. Respondents are expected to be able to regulate a healthy lifestyle and increase knowledge about diabetes mellitus so that compliance in carrying out a diet can run well. In addition, the patient's family is expected to be able to provide motivation to patients and help improve the quality of life and healthy lifestyle.

REFERENCE

Ghazali, I., & Peristiowati, Y. (2024). KEWASPADAAN DINI PADA LANSIA SEBAGAI UPAYA PENCEGAHAN KOMPLIKASI PENYAKIT KRONIS. Masyarakat Mandiri dan Berdaya, 3 (3), 18-24. https://doi.org/10.56586/mbm.v3i3.348

Darmawan, dhany yusuf. (2020). *Hubungan Self Management dengan Kualitas Hidup penderita Rheumatoid Arthritis diwilayah kerja puskesmas kecamatan baki. Skripsi. Universitas Muhammadiyah Surakarta. Surakarta.*

Dewi Nur Sukma Purqoti, Zaenal Arifin, Istiana, D., Fatmawati, B. R., Ilham, & Zuliardi. (2024). Edukasi Diit Yang Tepat Untuk Pengendalian Penyakit Tidak Menular Pada Lansia Di Desa Narmada Lombok Barat. *Jurnal Pengabdian Masyarakat Akademisi*, *2*(1), 61–64. https://doi.org/10.59024/jpma.v2i1.614

Dinkes Sukoharjo. (2022). *Profil Kesehatan Kabupaten Sukoharjo. diambil dari httos://dkk.sukoharjokab.go.id/#*

Efriani, L., Hadi, I., & Aisyah, N. (2023). *Hubungan Tingkat Pengetahuan dan Kualitas Hidup Terhadap Self Care Management pada Pasien Hipertensi di Puskesmas Cangkol Kota Cirebon Tahun 2022*. *07*(01), 3–7. https://doi.org/10.51817/bjp.v7i1.423

Fauziyaha, R., Choirunnisa, P., Wulandari, A., Kartinah, K., & Kisnawaty, S. W. (2022). Penyuluhan Mengenai Hipertensi Menggunakan Media Poster pada Lansia di Desa Mancasan Kecamatan Baki Kabupaten Sukoharjo Universitas Muhammadiyah Surakarta Mancasan selama cek kesehatan berlangsung . Hipertensi sering menyerang resiko tertentu. In *Proceeding National Health Conference of Science* (pp. 307–313).

Febriawati, H., Yanuarti, R., & et al. (2023). Pelaksanaan Program Pengelolaan Penyakit Kronis (Prolanis). Jurnal Ilmiah Citra Delima Institut Citra Internatioal, 6 (2), 105–110. https://doi.org/10.33862/citradelima.v6i2.296

Fitriani, R. jerimia. (2023). Analisis faktor-Faktor Risiko Penyakit Kronis Dimasyarakat: Pendekatan Epidemiologi Dalam Pengembangan Program Intervensi. Jurnal Cahaya Mandalika ISSN 2721-4796 (online), 1433-1439. https://ojs.cahayamandalika.com/index.php/jcm/article/view/2723.

Gusti ayu tulus setiyadewi, I. (2022). *Gambaran self care management pada pasien Diabetes Melitus Di Wilayah Puskesmas Sukawati II Tahun 2022*. (Doctoral dissertation, Poltekkes Kemenkes Denpasar Jurusan Keperawatan 2022).

Herlina Luther Rande, Arsyawina, & Hesti Prawita Widiastuti. (2023). Correlation Between Self Care Independence Level With Quality of Life of Diabetes Mellitus Patients In Inpatient Rooms. *Formosa Journal of Applied Sciences*, *2*(5), 769–784. https://doi.org/10.55927/fjas.v2i5.3990

Ida Suryawati, Yudi Akbar, & Cut Sri Wahyuni. (2023). Perilaku Self Care Dengan Kualitas Hidup. *Jurnal Assyifa Ilmu Keperawatan Islami*, *7*(1), 1–10. https://doi.org/10.54460/jifa.v7i1.53

Aini, IN, Rosiah, R., & Minanton, M. (2024). Gambaran perawatan diri pada pasien hipertensi di puskesmas Kalijati Subang. *Vitamin : Jurnal Ilmu Kesehatan Umum*, *2*(3), 70–78. https://doi.org/10.61132/vitamin.v2i3.446

Juliana, N., Nisa, E. Z., Tinggi, S., & Kesehatan, I. (2023). *Hubungan Dukungan Keluarga Dengan Self Care Management Pada Penderita Hipertensi di Wilayah Kerja Puskesmas Alue Bilie. Garuda Kemendikbud. 2*(3), 5–10. https://doi.org/10.51849/j-bikes.v

Kemenkes RI. (2022). Profil Kesehatan Indonesia 2021. In *Pusdatin.Kemenkes.Go.Id*.

Kholifah, W. A. N., & Suratini, S. (2023). Hubungan self – care management dan kualitas hidup pada lansia dengan hipertensi. *Holistik Jurnal Kesehatan*, *17*(2), 181–188. https://doi.org/10.33024/hjk.v17i2.9445

Khusnia, L., Sawitri, H., & Yuziani, Y. (2024). Gambaran Karakteristik dan Kualitas Hidup

pada Peserta Program Pengelolaan Penyakit Kronis (PROLANIS) Penderita Hipertensi di Puskesmas Muara Satu Kota Lhokseumawe. *COMSERVA : Jurnal Penelitian Dan Pengabdian Masyarakat*, *3*(12), 5007–5014. https://doi.org/10.59141/comserva.v3i12.1318

Isnaeni, A.N., & Kartinah, S.K. (2024). Kualitas Hidup Lanjut Usia dengan Penyakit Kronis. (Doctoral dissertation, Universitas Muhammadiyah Surakarta).

Murni, L., Sagala, B., & Sinaga, N. D. (2023). Hubungan Self Care Management dengan Kualitas Hidup Penderita Hipertensi Masa Pandemi Covid 19 di Kota Medan. Jurnal Pendidikan Tambusai, 7 (2), 15883–15890. https://doi.org/10.31004/jptam.v7i2.8881

Neesa, H. S. (2021). *Hubungan self management dengan kualitas hidup penderita hipertensi diwilayah kerja puskesmas baki sukoharjo. Skripsi. Universitas Muhammadiyah Surakarta. Surakarta*.

Organization, W. H. (2023). *Hypertension*. https://www.who.int/news-room/fact-sheets/detail/hypertension

Riskesdas Jawa Tengah. (2022). Riskesdas Provinsi Jawa Tengah. In *Kementerian Kesehatan RI*.

Sabil, F. A., Kadar, K. S., & Sjattar, E. L. (2019). Faktor – Faktor Pendukung Self Care Management Diabetes Mellitus Tipe 2: a Literature Review. *Jurnal Keperawatan*, *10*(1), 41–47. https://doi.org/10.22219/jk.v10i1.6417

Salahudin, R., & Amelia, A. (2024). Hubungan antara self care management dengan kualitas hidup penderita diabetes melitus di Desa Cisantana Kecamatan Cigugur Kabupaten Kuningan. *Journal of Nursing Practice and Education*, *4*(2), 375–382. https://doi.org/10.34305/jnpe.v4i2.1109

Sani, F. N., Widiastuti, A., Ulkhasanah, M. E., & Amin, N. A. (2023). Gambaran Kualitas Hidup pada Pasien Diabetes Melitus. *Jurnal Penelitian Perawat Profesional*, *5*(3), 1151–1158. https://doi.org/10.37287/jppp.v5i3.1708

Statistik, B. P. (2023). *Statistik Penduduk Lanjut Usia 2023*.

Sumarsih, G., & Susanty, S. (2023). Kualitas Hidup Lansia Dengan Riwayat Penyakit Kronis : Tinjauan Fungsi Kognitif. *Jurnal Keperawatan*, *15*(14), 1923–1930. http://journal.stikeskendal.ac.id/index.php/Keperawatan%0A

Tursina, H. M., Nastiti, E. M., & Sya'id, A. (2022). Faktor-Faktor Yang Mempengaruhi Self Management (Manajemen Diri) pada Pasien Hipertensi. *Jurnal Keperawatan Cikini*, *3*(1), 20–25. https://doi.org/10.55644/jkc.v3i1.67

Yuliana, V. (2022). Penentuan Validitas Kuesioner Whoqol-Bref Untuk Menilai Kualitas Hidup Penderita Skizofrenia Rawat Jalan. *Accounting Analysis Journal*, *4*(672013167), 0–18.