Correlation Between Self-acceptance and Quality oLife in People with Hypertension

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Abstract

Low level of self-acceptance and quality of life often be one of the main problem faced by people with hypertension. Changes in many aspects of everyday life lead to the decrease of many physical and mental abilities of patients. Thiese abilities including their ability to cope mentally to their condition which is self-acceptance, and also their ability to adapt their physical conditiona to the new life style after hypertension which is quality of life. This research aims to determine the relationship between the level of self-acceptance and the hypertension sufferer's quality of life in The Kartasura Health Center working area. the research used a cross-sectional correlational analitic design which was carried out at The Kartasura Health Center in the period March – July 2024. The population of this research were 515 hypertension patients. The sample consisted of 215 participants taken through accidental sampling by taking random patients who checked themselves to Kartasura Health Center the days when the research occurred. Data collecting of this research using two kind of questionnaires. Self-acceptance measured through Unconditional Self-Acceptance Questionnaire (USAQ). Hypertension sufferer's quality of life measured through WHOQOL-BREF Questionnaire. The results of this research were obtained through univariate and bivariate test. Univariate analysis showed that the majority of people with hypertension had a moderate level of self-acceptance (75.3%) and a moderate level of quality of life (66%). Bivariate analysis correlation test with Spearman Rank showed that there is a significant relationship between the level of self-acceptance and the quality of life of people with hypertension (p-value = 0.000). Policy such as including not only physical but also mental-emotional check up and treatments such as emotional support therapy, behavioral therapy, mental counseling, and in team activities into posyandu and posbindu could be a good step to solve these problems.

Keyword: Hypertension, Quality of Life, Self-acceptance

INTRODUCTION

Hypertension is a crisis in modern world. Data collected by the World Health Organization (WHO) proves that 42% or almost half of the world's adult population lives with hypertension and only 80% of them are classified as having uncontrolled hypertension (World Health Organization, 2023). Hypertension is an important problem in Indonesia, data from Riskesdas shows that 34.1% of the adult population in Indonesia has hypertension (Kemenkes RI, 2018). The Central Java Provincial Health Office (Dinas Kesehatan Jawa Tengah) reported that at least 37.57% of Central Java residents aged over 14 years have hypertension. Surakarta City itself has 34,917 reported cases of hypertension (Dinkes Jateng, 2022). Meanwhile, according to data obtained from interviews with the Kartasura Health Center, it was stated that

during the period from November 2023 to January 2024, there were at least 515 hypertension sufferers who checked themselves at the Kartasura Health Center.

Hypertension is the root of various problems that can affect the quality of life of sufferers. Hypertension causes decreases in the quality of life of sufferers. Quality of life is defined as a person's or society's view of living life and assessing their level of well-being. A good quality of life is not limited to healing from a disease but has a broader meaning related to various aspects of life (Ayuningjati & Rosyid, 2024). During illness, hypertension sufferers experience changes in their quality of life that tend towards a decline. Hypertension sufferers are often found to have a low quality of life and cannot maintain their well-being the same as before they were ill. Hypertension affects the sufferers's quality of life level through physical factors like activity limitation, pain, diet restriction, muscle weakness, and working ability. It also affects their quality of life through mental state and psychological factors including increased stress, depression, anger issues, anxiety, etc. Previous research by Aida Andriani showed that there were 57 hypertension sufferers (22.5%) at the Rasimah Ahmad Bukittinggi Health Center who had poor quality of life, while only 8 hypertension sufferers (3.2%) were known to have good quality of life in the area (Andriani et al., 2022). Other research states that the social relationships of hypertension sufferers tend to be poor, which results in a decreased quality of life (Putri & Supratman, 2021).

Self-acceptance can be defined as a person's ability to accept all the advantages and disadvantages that exist within him. Self-acceptance is one indicator of a person's happiness (Dwiyono et al., 2022). In relation to hypertension sufferers, self-acceptance can be interpreted as the ability of a hypertension sufferer to accept the disease they are suffering from. Self-acceptance plays an important role in hypertension sufferers's mental-emotional health. People with higher self-acceptance level tend to have better mental health. While people with low self-acceptance level often associated with depression, uncontroled stress, an other negative health issues. Accepting oneself and one's illness is not an easy thing for hypertension sufferers, this is in accordance with research data by Oktarjivika which states that 36 out of 38 hypertension sufferers (94.7%) at the dr. R. Soetijono Blora Regional Hospital have a poor level of self-acceptance (Dewi et al., 2022). Poor self-acceptance can be a symbol of a poor psychological situation in hypertensive patients. This then brings other negative influences on various aspects of the patient's life. Research by Sembiring, et al. states that self-acceptance contributes in patients with chronic illnesses such as cancer quality of life in a significant way (Sembiring et al., 2023). Low level of compliance in medicine use of hypertension sufferers also states that most of them having low level of self-acceptance and mental health (Sabiti et al., 2023).

In a preliminary study conducted on February 12, 2024 at the Kartasura Health Center with 15 random respondents, data was obtained that 11 respondents (73.3%) had moderate self-acceptance values, 4 respondents (26.7%) had low self-acceptance values, and 0 respondents had high self-acceptance values. It was also found that 4 respondents (26.6%) had high quality of life values, 10 respondents (66.6%) had moderate quality of life values, and 1 respondent (6.6%) had low quality of life values. The preliminary study that has been conducted which shows that there are still high in number of patients having moderate to low level of self-acceptance and quality of life is the basis for considering this research to be carried out with the aim of determining the relationship between the level of self-acceptance and the level of quality of life of people with hypertension in the Kartasura Health Center work area.

METHODS

This study was conducted using a correlative analytical design using a cross-sectional approach. The location of the study was at the Kartasura Health Center and was carried out in the period March-July 2024.

The population targeted in this study were people with hypertension who checked themselves at The Kartasura Health Center. In interviews with the health care workers of Kartasura Health Center on January 2024 there were 515 people with hypertension, while in this study 215 people were taken as respondents using accidental sampling techniques. This sampling techniques applied by picking hypertension patiens who checked themselves at The Kartasura Health Center the days when the research conducted.

The inclusion criteria consisted of hypertension patients who willing to join the study, not feeling any major complaints related to the disease, and able to read and write. While the exclusion criteria consisted of people who reject the study or willing to stop in the middle of the process.

The tools used in data collection in this study were two types of questionnaires, namely the Unconditional Self-Acceptance Questionnaire (USAQ) and the World Health Organization Quality of Life-BREF (WHOQOL-BREF). USAQ is used to measure self-acceptance values, while WHOQOL-BREF is used to measure quality of life values in people with hypertension. Validity and reliability test for USAQ has been conducted to 58 people by Ramdani and Hidayati in 2022 which proven that USAQ is valid and reliable for testing patients self-acceptance (Ramdani et al., 2022). Validity and reliability test for WHOQOL-BREF has been conducted to 50 people by Herdriani & Runturambi in 2022 which proven that WHOQOL-BREF is valid and reliable in testing patients quality of life (Herdriani & Runturambi, 2022).

Before filling out the questionnaires, respondents were asked to agree and sign an informed consent sheet, this sheet also explains how the research and data management will be carried out. After the respondents agree, they continue by filling out the USAQ completely, finally the respondents fill out the WHOQOL-BREF. The total of time taken to collect all data for this research were 11 days in period of March 27th – June 20th 2024.

The research conducted has met the appropriate research protocol and has obtained an ethical clearance letter with number No.248/KEPK-FIK/III/2024 from the Health Research Ethics Committee of the Faculty of Health Sciences, Muhammadiyah University of Surakarta. And obtained a research approval letter with number 070/5.020/III/2024 from the Sukoharjo Regency Health Office.

RESULTS

Table 1 Characteristics of Respondents (n=215)

Characteristics	n	%
Gender		
Male	98	45.6
Female	117	54.4
Age		
Adult (25-45 years)	102	47.4
Early Elderly (46-55 years)	78	36.3
Late Elderly (56-65 years)	28	13
Senior Elderly (>66 years)	7	3.3
Total	**215**	**100**

The data in table 1 shows that the majority of respondents with hypertension at the Kartasura Health Center were women with a total of 117 respondents (54.4%). The rest were men with a total of 98 respondents (45.6%). The age groups of hypertension sufferers studied were dominated by the adult group of 102 people (47.4%), the early elderly age group of 78 people (36.3%), the late elderly age group of 28 people, and the senior elderly age group of 7 people (3.3%).

Table 2 Description of Self-acceptance in People with Hypertension (n=215)

Self-acceptance	n	%
High	0	0
Moderate	162	75.3
Low	53	24.7
Total	**215**	**100**

Table 2 above shows that the dominant respondents have moderate self-acceptance values with a total of 162 respondents (75.2%), respondents with low self-acceptance are 53 people (24.7%), and no respondents were found to have high self-acceptance values.

Table 3 Descriptions of Quality of Life in People with Hypertension (n=215)

Quality of Life	n	%
High	63	29.3
Moderate	128	59.5
Low	24	11.2
Total	**215**	**100**

Table 3 shows that the quality of life of the hypertension patients who were used as samples was dominated by respondents with moderate quality of life values, amounting to 128 people (59.5%), high quality of life 63 people (29.3%), and respondents with low quality of life 24 people (11.2%).

Table 4 Normality Test of Variables Result

Variables	n	Kolmogorov-Smirnov syg
Self-acceptance	215	0.13
Quality of Life	215	0.006

Table of normality test shows that both independent variable (self-acceptance) and dependent variable (quality of life) have sygnification values under 0.05 with self-acceptance 0.13 and quality of life 0.006. According to Kolmogorov Smirnov rule, variables considered normal if they have sygnification values above 0.05 which makes both variables in this study considered abnormal/nonparametric making Rank Spearman chosen as nonparametric correlational test.

Table 5 Crosstabulation And Spearman Rank Test Result

Self-Acceptance	Quality of Life						Total		p-value
	High		Moderate		Low				
	n	%	n	%	n	%	n	%	
High	21	13	125	77.2	16	9.9	162	100	
Moderate	42	79.2	3	5.7	8	15.1	53	100	0.000
Total	**63**	**29.3**	**128**	**59.5**	**24**	**11.2**	**215**	**100**	

Crosstabulation analysis in table 5 shows that out of a total of 162 respondents (75.2%) who have moderate self-acceptance values, 21 respondents (13%) of them have high quality of life values, 125 respondents (77.2%) have moderate quality of life values, and 16 (9.9%) have low quality of life values. Meanwhile, out of 53 respondents (24.7%) with low self-acceptance values, there are 42 respondents (79.2%) who have high quality of life values, 3 respondents (5.7%) who have moderate quality of life values, and 8 (15.1%) who have low quality of life values. The most dominant group according to this test is respondents with moderate self-acceptance and moderate quality of life with a total of 125 people (77.2%).

The results of the bivariate analysis listed in the table using Spearman Rank produced p-value = 0.000. This shown value is way smaller than the alpha value coefisien of 0.05. This provides an interpretation that there is a significant relationship between self-acceptance and the quality of life of people with hypertension in the Kartasura Health Center work area.

DISCUSSION

The data listed in the results section shows that the majority of respondents were women with 117 people (54.4%). These results are in line with the results of previous research conducted by Susi Susanti in 2022 at the Kassi-Kassi Health Center, Makassar, showing that out of 303 total respondents involved, 174 respondents (57.4%) were female. This can be influenced by various factors that are only possessed by women and not possessed by men, one of which is the level of estrogen in women's bodies which is more dominant (Susanti et al., 2022). Estrogen is a type of hormone that can affect the performance of the renin-angiotensin-aldosterone system in the body. In addition to estrogen, progesterone is also a hormone that is only found in women. Progesterone is known to cause increased sodium reabsorption, decreased HDL-cholesterol, and increased LDL-cholesterol in the body's cardiovascular system. The combination of various events caused by estrogen and progesterone is what then triggers an increase in women's blood pressure which leads to hypertension (Aini et al., 2021). The data also shows that the largest population of hypertension sufferers among respondents at the Kartasura Health Center is the productive age group, namely in the adult age group 102 people (47.4%) and the early elderly age group 78% (36.3%).

According to a retrospective study conducted by Halim et al., (2022), the surge in the number of people with hypertension in the productive age in Indonesia today was initiated by several factors related to the busyness of the productive age community who have to work, this triggers them not to exercise. Stress due to work also causes some of the productive age community to vent it by smoking and consuming alcohol. The poor lifestyle of productive age people causes hypertension to be twice as likely to occur in this age group (Halim & Sutriyawan, 2022). Meanwhile, in the late elderly and elderly age groups, the dominant cause of hypertension is the body's declining physiological function. It can be said that aging itself causes the elderly to experience hypertension (Rumahorbo et al., 2020).

Field data explains that through measurements using USAQ, the results obtained were 162 people (75.2%) who were the majority of people with hypertension at the Kartasura Health Center had moderate self-acceptance values. These results are in line with community service data by Minanton et al. in 2023 that out of a total of 65 samples of people with hypertension at the Cikapala Health Center, Subang, there were 28 people (43.7%) who had self-acceptance at the bargaining stage (middle/moderate). In people with chronic diseases, changes in various aspects of life have an impact on the level of self-acceptance and self-management (Malinda et al., 2022). Self-acceptance of people with hypertension is not a static thing but is an aspect that can be improved through appropriate interventions (Minanton et al., 2023).

128 respondents (59.5%) at the Kartasura Health Center had a moderate quality of life. In line with data collected by Fifi Ratna Wati in 2021 in her research which stated that out of 65 total samples of hypertension sufferers at the Dinoyo Malang Health Center, 34 people (52.3%) had a moderate quality of life. Hypertension as a chronic disease that limits all aspects of the sufferer's life, including limiting the types of food and daily lifestyle of the patient will certainly affect the quality of life of the sufferer. This situation gets worse when hypertension is accompanied by various comorbid diseases that are commonly found in people with hypertension such as diabetes mellitus (Wati et al., 2021). A decrease in the hypertension sufferer's quality of life is something that commonly occurs. The chronic and incurable nature of hypertension can affect sufferers physically and mentally emotionally.

Correlation proof through Spearman's Rank Test produces a p-value = 0.000 for the variables of self-acceptance and quality of life. According to the rules of statistical science, a p-value <0.05 is a reference indicating that there is a relationship between variables, H0 is rejected, and Ha is accepted validly (Nuryadi et al., 2017). Thus, the p-value = 0.000 in this study can be interpreted that there is a significant relationship between self-acceptance and the quality of life of people with hypertension in the Kartasura Health Center work area in 2024. This result is consistent in line with previous research result statement by Sembiring which stated that there is significant correlation between self-acceptance and quality of life in patients with chronic ilnesses such as hypertension, diabetes mellitus, chronic kidney disease, and cancer (Sembiring et al., 2023) .Another study states that mental health in chronic illness patients play a significant role, bad mental health results in bad condition of patients. Intervention such as peer support groups for chronic illness patients with bad mental heath is necessary. This intervention has been proven to increase patients's mental health and condition proven by better acceptability and feasibility (Harrison et al., 2023). The self-acceptance value possessed by a person with hypertension can affect the sufferer psychologically which then provides various changes in aspects of the value of their quality of life. Good self-acceptance will have a positive influence on the sufferer's life and increase the value of their quality of life. Conversely, poor self-acceptance will have a negative effect on the sufferer's quality of life.

Self-acceptance value of patients affects their quality of life through psychological and mental-emotional aspects. Differences in self-acceptance level of patients indicates their mental conditions and the effects happen according to high or low self-acceptance had by hypertension sufferers. High self-acceptance in hypertension patients brings positive effects to their mind such as happiness, peacefulness, unworriness, reduce in stress and anxiety, and other positive emotions. These good aspects of mind often result in increases of quality of life level

of patients. While hypertension patients with low self-acceptance developes bad mental health such as increase in stress and anxiety, depression, worryful, and other mental-emotional problems. The bad mental health caused by low level of self-acceptance affects patients which results in low level of quality of life.

It's very important for hypertension sufferers to have high level of self-acceptance because by accepting themselves and their conditions would results in better quality of life. Accepting life would make hypertension sufferers living a better and healthier life in peace. Good self-management and family support play a critical role in maintaining patients self-acceptance and blood pressure conditions (Ambarwati & Rosyid, 2024). Both self-acceptance and quality of live in hypertension patients have to always be maintained as good as possible. Findings in this study could be used as a base reference for health workers, patients family, and members of community to give supports to patients. Some psychological intervention such as emotional support therapy, behavioral therapy, mental counseling, and in team activities could be a good way in increasing and maintaining self-acceptance and quality of life in patients. Including all these intervention in posyandu and posbindu could be a right policy to treat hypertension patients with lower self-acceptance and quality of life better.

CONCLUSIONS

Research on the relationship between self-acceptance and the quality of life of people with hypertension in the Kartasura Health Center work area which was carried out in March-July 2024 on 215 respondents resulted in conclusion that there is a relationship between self-acceptance and the quality of life of people with hypertension in The Kartasura Health Center work area.

Significant relationship between self-acceptance and quality of life in people with hypertension in The Kartasura Health Center work area implies that there needs to be actions and outreach for patients from health workers, family, and members of community. Policy such as including not only physical but also mental-emotional check up and treatments emotional support therapy, behavioral therapy, mental counseling, and in team activities into posyandu and posbindu could be a good step to solve these problems.The aim is for hypertension sufferers to have good mental health which indicates high level of self-acceptance and leads to good quality of life.

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