

Family and Health Workers Support Influence Self-Regulation Based on Spirituality in Hypertension Patient

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Abstract

Background: Self-regulation in hypertensive patients is very important to improve self-care abilities.

Aim: The research objective was to analyze the effect of social support on self-regulation based on spirituality in hypertension patients.

Method: The research design was analytic observational. A sample of 56 hypertension patients was taken by simple random sampling technique. The variables measured were social support and cell-regulation based on spirituality. The research instrument was a questionnaire. Data were analyzed using a linear regression test.

Result: The results showed that peer support and health workers were mostly in the moderate category at 57.1% and 44.6%. Meanwhile, family support is mostly still lacking (75%). Self-regulation based on daily spiritual experience has the highest mean value of 3,696. The linear regression analysis showed that social support in the form of family support and support from health professionals had a significant effect on self-regulation based on spirituality.

Conclusion: Self-regulation based on spirituality is influenced by family and health worker support.

Keywords: Social support, self-regulation, spirituality

Introduction

Self-care for people with hypertension is very important⁽¹⁾. Good self-care management can improve a person's health status⁽²⁾. This is also necessary to prevent complications and improve the patient's health status^(3,4). However, in patients with hypertension, it is found that the ability to perform self-care is still low⁽⁵⁻⁷⁾. This low self-regulatory ability is a factor that can lead to low self-care⁽⁸⁾. Studies show that self-regulation affects self-care abilities⁽⁹⁾.

Self-regulation is a psychological process that occurs in individuals to make arrangements for themselves to achieve the expected goals⁽¹⁰⁾. Low self-regulation will fail to make changes in behavior⁽¹¹⁾. In patients with hypertension, self-regulation is low⁽⁸⁾. This results in the sufferer experiencing failure to make behavior changes⁽¹²⁾. Changes in health behavior are influenced by several factors, one of which is social support. Social support plays an important role in one's health status. The existence of social support can affect the emotional response of people with hypertension⁽¹³⁾. Besides, social support affects health behavior⁽¹⁴⁾. Another study found that social support plays a role in influencing self-regulation based on self-belief⁽¹⁵⁾.

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For a person with chronic diseases such as hypertension, the spiritual dimension is an important component that can affect the life they live and this

also affects their health status⁽¹⁶⁾. Besides, disease prevention behavior is also significantly related to one's spirituality⁽¹⁷⁾. Several research results illustrate the effect of social support on self-care behavior. However, currently, no research analyzes the effect of social support on spiritual-based self-regulation in people with hypertension. Based on this background, the purpose of this study was to analyze the effect of social support on spiritual-based self-regulation in self-care for hypertension sufferers.

Method

The study design was analytic observational with a cross-sectional approach. The study was conducted on 56 hypertensive patients in the Ngajum area of Malang Regency, East Java, Indonesia. Simple random sampling is used as a technique for sampling. The independent variable is social support which consists of family support, peer support, and health worker support. Meanwhile, the dependent variable is self-regulation based on spirituality which includes daily spiritual experiences, meaning, value, belief, forgiveness, private religious practices, spiritual coping, and religious support. The social support research instrument refers

to the social support questionnaire and is modified according to the needs of the researcher⁽¹⁸⁾. While the instrument of self-regulation based on spirituality was prepared by researchers concerning a report of the Fetzer Institute / National Institute on Aging Working Group⁽¹⁹⁾. Data analysis to test the effect of social support on self-regulation based on spirituality using a linear regression test.

Result

The results of the study were described in terms of the characteristics of the respondents, the frequency distribution of social support, the mean and standard deviation of self-regulation based on spirituality, and the influence of social support on self-regulation based on spirituality.

Respondent characteristic in this research shows that most respondents are > 45 years old (92.8%) and are female (85.7%). Patients' blood pressure showed that almost half of the respondents belonged to grade 1 hypertension (41.1%). The others are high-normal blood pressure (26.8%), grade 2 hypertension (19.6%) and grade 3 hypertension (12.5%).

Table 1. Social Support in Hypertension Patient

Social Support	Frequency (n)	Percentage (%)
Family Support		
Good		
Enough	2	3.6
Less	12	21.4
Peer Support	42	75.0
Good	16	28.6
Enough	32	57.1
Less	8	14.3
Health Worker Support	8	14.3
Good	25	44.6
Enough	23	41.1
Less		

Table 1 illustrates that most of the family support is in the poor category. Meanwhile, peer and health worker support described as the largest in the moderate category.

Table 2. Self-regulation based on spirituality

Self-regulation based on Spirituality	Mean	Deviation Standart (SD)
Self-regulation based on Daily Spiritual Experiences	3.696	0.413
Self-regulation based on Meaning	3.565	0.440
Self-regulation based on Value	3.607	0.407
Self-regulation based on Belief	3.494	0.504
Self-regulation based on Forgiveness	3.547	0.518
Self-regulation based on Private Religious Practices	3.351	0.485
Self-regulation based on Spiritual Coping	3.529	0.499
Self-regulation based on Religious Support	3.565	0.535

Table 2 shows that self-regulation based on daily spiritual experience has the highest mean value compared to other components. Meanwhile, those that show the lowest mean value are self-regulation based on private religious practices.

Table3. Interpretation of Linear Regression Test: Effect of Social Support on self-regulation based on spirituality

Model	B	SE	β	T	P
(Constant)	1.920	.321		5.991	.000
Family Support	.268	.116	.344	2.303	.025
Health Worker Support	.197	.096	.306	2.048	.046

Table 3 illustrates that family support and health worker support have an effect on self-regulation based on spirituality. The equation is obtained:

$$\text{Self-regulation based on spirituality} = 1,920 + 0.268 * \text{family support} + 0.197 * \text{health worker support}.$$

The correlation coefficient for family support is 0.344, while health personnel support is 0.306

Discussion

Self-regulation is a process whereby an individual identifies the symptoms that appear on him, identifies the problems he is facing, and makes changes in behavior to treat himself⁽²⁰⁾. Self-regulation is very important to improve self-care skills properly^(20,21). It is thought that poor self-regulation will contribute to an increase in unhealthy behavior. While good self-regulation will improve a person’s health status to be healthier⁽²²⁾.

Spiritual-based self-regulation in this study is the ability to self-regulate in carrying out self-care related to hypertension management experienced by sufferers, where spirituality is used as a basic reason by sufferers to perform self-care. Self-regulation based on daily spirituality experiences is the most dominant dimension in hypertension sufferers. This illustrates that patients with hypertension in conducting self-care are based on the reason that the patient feels grateful for the pleasure that God has given in his life, feels compassion and

admiration for all the gifts God has given. The spiritual experience that sufferers have in everyday life is a reason for hypertensive sufferers to do self-regulation to improve their ability to care for themselves.

Value-based self-regulation was also found to be the dominant reason for sufferers to perform self-care. This dimension illustrates that hypertensive patients perform self-care because the patient gives his life completely to God and considers that this is a form of one's faith that must be carried out in his life.

The results showed that spiritual-based self-regulation was influenced by family support and support from health workers. Most family support was found in the poor category and the support from health workers was mostly in the moderate category. Social support is closely related to a person's quality of life, both physically and mentally⁽²³⁾. Social support plays a role in mediating between religion and spirituality and health⁽²⁴⁾. Social support provided by health workers is very important to increase health literacy and care abilities. Health workers can provide social support and health education by adjusting the characteristics of the sufferer so that the patient's quality of life will be better and prevent the occurrence of worsening disease conditions⁽²⁵⁾. Good social support will be able to reduce the occurrence of mental health problems in a person^(26,27). The existence of this condition can be used as a basis for health workers to be able to provide social support so that the mental health of the sufferer can be maintained properly⁽²⁷⁾.

Family support given to someone suffering from a disease can improve the relationship between patients and health care providers, so that this will have an impact on better patient care⁽²⁸⁾. The family plays a role in decision making and has an important role in providing support to patients⁽²⁹⁾. Family support improves the sufferer's quality of life⁽³⁰⁾. Family as a resource for patients to support their healing process such as monitoring medication adherence, providing optimal and sustainable care, and helping to empower patients to be better⁽³¹⁾.

The support provided by families and health workers is a very important component in influencing

the self-regulation of hypertensive sufferers in self-care. Providing social support can be done by providing and fulfilling the information, emotional, reward, and infrastructure needed for hypertension sufferers. Providing optimal support will result in hypertension sufferers being able to perform self-care properly.

Conclusion

Self-regulation based on spirituality is a reason for people with hypertension to take care of themselves. Self-regulation of hypertensive patients shows that daily spiritual experience is the most dominant dimension as a reason for hypertensive sufferers to take care of themselves. The results show that self-regulation based on spirituality is influenced by family and health worker support. The practical implication of the results of this study is that families and health workers must provide support for hypertensive sufferers to carry out self-regulation properly so that patients can carry out optimal self-care.

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