


Coping Behavior of Elderly Patients with Hypertension at Taman Health Center Sidoarjo

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ABSTRACT

Introduction: Hypertension in the elderly is a condition characterized by elevated blood pressure above normal levels. One of the behaviors observed in these elderly individuals includes non-compliance with medication, failure to attend health check-ups at healthcare facilities, and not managing their daily lifestyle. This study aims to describe the coping behaviors of elderly individuals with hypertension at Taman Health Center, Sidoarjo. **Method:** This research is a descriptive study using a case study approach. There were 55 elderly individuals with hypertension. The sampling technique employed total sampling with 55 respondents, who met the criteria of being elderly individuals over 59 years old and having hypertension. The variable in this study is the coping behavior of elderly individuals with hypertension at Taman Health Center, Sidoarjo. Data collection was carried out through interviews, where respondents had their blood pressure measured first and then were interviewed using the coping behavior questionnaire for elderly individuals with hypertension at Taman Health Center, Sidoarjo. The data analysis used in this research was univariate analysis **Result:** The results show that the majority of elderly employ positive task-oriented coping behaviors (70.9%), positive ego-oriented coping behaviors (76.36%), and nearly all use positive coping strategies. **Conclusion:** Almost all elderly tend to use coping behaviors with high hopes of recovery in dealing with their illness. Healthcare services are recommended to enhance their support for elderly individuals with hypertension, particularly in terms of psychological support, lifestyle management, and overall health.

Keyword: Coping, Elderly, Health Center, Hypertension

INTRODUCTION

However, research on the coping behaviors of elderly people with hypertension is still limited, prompting researchers to explore further at the Taman Sidoarjo Community Health Center. Elderly people, aged 60 and above, often experience hypertension, which is high blood pressure above 140/90 mmHg. Many elderly individuals tend to neglect their health, such as not adhering to medication, not routinely checking their health, and not managing their lifestyle, which can worsen their condition. Stress is one of the main factors that triggers an increase in blood pressure. Elderly individuals who hope to recover usually use adaptive coping mechanisms, while those who do not hope to recover tend to use maladaptive coping mechanisms, which can lead to serious complications (1).

Data shows an increase in hypertension cases in Indonesia, including in East Java, with the number of sufferers continuing to rise. Data from Taman Health Center, Sidoarjo Regency in 2021 reported 30,316 hypertension patients, consisting of 14,305 males and 16,011 females. The data sampling included all elderly individuals with hypertension at Taman Health Center, Sidoarjo in April. Elderly individuals who are unable to manage stress due to hypertension are at risk of experiencing complications. The role of nurses is crucial in providing education about hypertension and coping mechanisms to the elderly and their families (2).

Hypertension is a common condition in the elderly due to the decline in bodily functions, particularly in the cardiovascular system, which results in blood pressure above 140/90 mmHg (3). This condition increases the risk of stroke, heart failure, and coronary artery disease in the elderly. Causes of hypertension in the elderly include decreased elasticity of the aortic walls, thickening of the heart valves, and reduced ability of the heart to pump blood. Other factors, such as high salt intake, obesity, and high cholesterol, also contribute to the narrowing of blood vessels and the increase in blood pressure (4). There

are two types of factors that can affect hypertension in the elderly: modifiable and non-modifiable factors. Modifiable factors include stress, obesity, occupation, and education, while non-modifiable factors include age, gender, and genetic factors (5).

Coping mechanisms are efforts to manage stress, focusing on emotional defense strategies. They serve as self-defense against internal and external changes. In the elderly, coping behaviors are categorized into positive and negative (6). Positive coping involves facing problems with a positive mindset, such as exercising to distract from negative thoughts or seeking treatment for declining health. Negative coping includes behaviors like feeling incapable of resolving issues, fear, anger, and tension, such as getting angry at others or throwing objects when faced with problems (7).

Coping mechanisms are divided into two types: Adaptive Coping Mechanisms and Maladaptive Coping Mechanisms. Adaptive Coping Mechanisms support integration, growth, learning, and goal achievement. Behaviors included in this mechanism are talking to others, effective problem-solving, relaxation techniques, balanced exercise, having a broad perspective, receiving support, and engaging in constructive activities (8). Meanwhile, Maladaptive Coping Mechanisms hinder integration, disrupt growth, reduce independence, and dominate the environment. Behaviors included in this mechanism are destructive actions, engaging in unhealthy activities such as drug and alcohol use, disorientation, and an inability to solve problems (9). Coping strategies are efforts made by individuals to face stressful or threatening situations by utilizing available resources to reduce the level of stress or pressure experienced. According to Stuart and Sudden, there are two types of coping strategies: task-oriented coping strategies and ego-oriented coping strategies. Coping style is the determination of a person's way of solving a problem on the demands faced. Coping styles are characterized as follows by

Ramadhan (10): positive coping style and negative coping style.

Several factors influence a person's coping ability (11). Physical health is a very important factor, as managing anxiety requires significant effort, and maintaining health is crucial for effective stress management. Belief or positive perspective is also important; for example, belief in fate can lead to feelings of helplessness, which can ultimately reduce the effectiveness of coping strategies, especially those focused on problem-solving. Social support also plays a key role by providing the necessary informational and emotional needs from family, friends, and the community. Additionally, problem-solving skills are essential, including the ability to identify problems, seek information, analyze situations to generate alternative actions, evaluate these alternatives in relation to desired outcomes, and ultimately implement plans with appropriate actions (12).

A study conducted by Octaviani (13) found that emotion-focused coping strategies are used more frequently than problem-focused coping strategies. Family coping strategies are viewed from both problem-focused and emotion-focused coping approaches. This research update from previous research is from a research study area where there are many cases of hypertension, one of which is at the Taman Sidoarjo Health Center, using two variables, namely task-oriented coping of elderly hypertensive patients and ego-oriented coping of elderly hypertensive patients. The general purpose of this study was to determine coping behavior in elderly people with hypertension at the Taman Sidoarjo Health Center. The specific objectives of this study were to identify coping behavior in task-oriented elderly hypertensive patients at the Taman Sidoarjo Health Center and identify coping behavior in ego-oriented elderly hypertensive patients at the Taman Sidoarjo Health Center. All elderly individuals with hypertension at the Taman Sidoarjo Community Health Center are expected to

maintain their health and good daily behaviors.

METHOD

The design of this study is descriptive, using a case study approach. Descriptive research is conducted to understand the value of independent variables, whether one or more, without making comparisons or linking them to other variables (14). This research was conducted from October 10, 2023, to May 31, 2024, at Taman Health Center, Sidoarjo. The general objective of this research is to understand the coping behaviors of elderly hypertension patients at Taman Health Center, Sidoarjo, while the specific objectives are to identify task-oriented coping behaviors and ego-oriented coping behaviors of elderly hypertension patients at Taman Health Center, Sidoarjo.

The population in this study consists of all elderly individuals with hypertension at the Taman Sidoarjo Community Health Center. According to data from the Taman Community Health Center in Sidoarjo Regency in September 2023, there were 55 elderly individuals with hypertension. The result of the data from September 2023 represents the number of elderly hypertension patients used as the population. The variable in this study is the coping behavior of elderly hypertension patients at the Taman Sidoarjo Community Health Center. The data collection instrument in this study is a questionnaire about the coping behavior of elderly hypertension patients, consisting of closed-ended questions where respondents can answer according to what the researcher asks through the interview method.

The data collection technique used in this study involves structured interviews conducted through the questionnaire. Respondents fill in the provided answer columns by marking a checklist (√) according to their choice of "True" or "False" in the designated areas. The assessment is measured by scoring the responses to statements in the questionnaire regarding the

coping behaviors of elderly individuals with hypertension at the Taman Sidoarjo Community Health Center. The sample in this study consists of elderly individuals with hypertension at the Taman Sidoarjo Community Health Center, with a sample size of 55 respondents. The variables in this study are task-oriented coping and ego-oriented coping among elderly individuals with hypertension.

The data collection instrument in this study is a questionnaire on the coping behaviors of elderly individuals with hypertension, consisting of closed-ended questions answered by respondents according to what is asked by the researcher through interviews. The title of the questionnaire in this study is "Questionnaire on Coping Behavior of Elderly Hypertension Patients at Taman Sidoarjo Community Health Center." Its validity and reliability have been tested, with the validity result showing an r table of 0.632, while the calculated r for ego-oriented items ranges from 0.634 to 0.840 and for task-oriented items ranges from 0.643 to 0.880. The reliability test results for the coping mechanisms questionnaire, using the alpha

formula, yield an r of 0.949 for problem-oriented coping and an r of 0.966 for affective-oriented coping. From these results, it is known that the alpha is close to one, indicating that the coping mechanism variable instrument is reliable.

This study uses univariate analysis. Data collection involved checking completeness, coding responses into numerical form to facilitate analysis, and processing the data into frequency tables. Coding includes converting text responses into numbers, such as gender and education level. This study has been declared to be ethically appropriate by the Health Research Ethics Committee of the Health Polytechnic of the Ministry of Health Surabaya in accordance to 7 (seven) WHO 2011 Standards, 1) Social Values, 2) Scientific Values, 3) Equitable Assessment and Benefits, 4) Risks, 5) Persuasion/Exploitation, 6) Confidentiality and Privacy, and 7) Informed Consent, referring to the 2016 CIOMS Guidelines. This is as indicated by the fulfillment of the indicators of each standard with the ethical approval number No.EA/2506/KEPK-Poltekkes_Sby/V/2024.

RESULT

The general data in this study includes the characteristics of respondents at Taman Sidoarjo Community Health Center as of April 2024, age, gender, highest education level, need fulfillment, hypertension information, history of other diseases, and medication consumption.

The research findings presented in Table 1, it is shown that the majority of elderly hypertension patients at Taman Health Center almost aged 61-74 years, with almost all of them numbering 52 patients (94.55%). Most of the elderly hypertension patients are female, with 32 patients (58.18%). Nearly half of the elderly hypertension patients have attained higher education, with 23 patients

(41.82%). Most of the elderly hypertension patients have their daily needs met by their families, with 31 patients (56.36%). The majority of elderly hypertension patients have received information about hypertension through various sources, such as close relatives, media, and healthcare workers at nearby health services, with 41 patients (74.55%). Most of the elderly hypertension patients have a history of other diseases in addition to hypertension, with 41 patients (74.55%). Furthermore, most elderly hypertension patients are currently taking routine medications, such as Amlodipine, with 29 patients (52.73%).

Table 1 General Data on Coping Behavior of Elderly Individuals with Hypertension at Taman Health Center (n=55)

Characteristic	Category	Frequency	Percentage (%)
Age	Mid-age (45-59)	0	0
	Elderly (61-74)	52	94,55
	Older Elderly (75-90)	3	5,45
	Very Old (>90)	0	0
Gender	Male	23	41,82
	Female	32	58,18
Last Education	No education	2	3,64
	Elementary school	7	12,73
	Junior high school	10	18,18
	Senior high school	13	23,64
	Higher education	23	41,82
Need Fulfillment	Family (Children)	31	56,36
	Independent	23	41,82
	Government Asstance	1	1,82
Received Hypertension Information	Yes	41	74,55
	No	14	25,45
History of Other Diseases	Yes	14	25,45
	No	41	74,55
Medication Consumption	Yes	29	52,73
	No	26	47,27

Table 2 Coping Behavior of Elderly Hypertension Patients Focused on Tasks

Task-Oriented Coping Behavior	Frequency	Percentage (%)
Positive	39	70,91
Negative	16	29,09
Total	55	100

Table 2 it is shown that the majority of elderly individuals with hypertension use task-oriented coping with a positive value, amounting to 39 patients (70.91%), while nearly half of the elderly individuals with hypertension use task-oriented coping with a negative value, amounting to 16 patients (29.09%). Task-oriented coping with a positive value in elderly individuals refers to behaviors that are cognitive, psychomotor, and do not harm themselves or others. Examples of such behaviors include: routinely undergoing health check-ups at Taman Health Center, considering alternative treatments for the illness they suffer from, and engaging in light daily exercise.

It is also shown that nearly half of the elderly individuals with hypertension use task-oriented coping with a negative value, amounting to 16 patients (29.09%). Task-oriented coping with a negative value in elderly individuals refers to behaviors that could potentially harm themselves or others. Examples of such behaviors include: frequently becoming angry when upset, displaying behaviors or saying things that could offend others when angry, discarding the medications they possess, withdrawing from social interactions with people around them, and not attending health check-ups at nearby health facilities or Taman Health Center.

Table 3 Coping Behavior of Elderly Hypertension Patients Focused on Ego

Ego-Oriented Coping Behavior	Frequency	Percentage (%)
Positive	42	76,36
Negative	13	23,64
Total	55	100

Table 3 it is shown that nearly all elderly individuals with hypertension use ego-oriented coping with a positive value, amounting to 42 patients (76.36%). Ego-oriented coping with a positive value in elderly individuals refers to behaviors that are positive and do not harm themselves or others. Examples of such behaviors include: regularly taking medications prescribed by a doctor, enjoying doing household chores, being able to manage emotions when feeling exhausted by the illness, accepting the condition of having hypertension, and not offending others when feeling emotional.

A small portion of elderly individuals with hypertension use ego-oriented coping with a negative value, amounting to 13 patients (23.64%). Ego-oriented coping with a negative value in elderly individuals refers to behaviors where they tend to be unable to control their emotions, which could harm themselves or those around them. Examples of such behaviors include: preferring to isolate themselves or stay confined in their room, becoming more emotional when facing problems, easily getting offended by others' words, and not taking medications prescribed by the doctor.

Table 4 Coping Behavior of Elderly Hypertension Patients

Coping Behavior of Elderly Hypertension Patients	Frequency	Percentage (%)
Positive	44	80
Negative	11	20
Total	55	100

Table 4, it is shown that nearly all elderly individuals with hypertension use positive coping mechanisms, totaling 44 patients (80%). Coping mechanisms are divided into two types: positive (adaptive) coping mechanisms and negative (maladaptive) coping mechanisms. Categories of behaviors that can result in adaptive coping mechanisms include talking to others, effectively solving problems, relaxation techniques, balanced exercise, having a broad perspective, being able to accept support from others, and engaging in constructive activities. A small portion of elderly individuals with hypertension use negative coping mechanisms, totaling 11 patients (20%). Although the majority of respondents use adaptive coping mechanisms, there are also respondents in this study who use maladaptive coping mechanisms. Chronic and terminal illnesses can lead to uncertainty accompanied by feelings of insecurity and hopelessness,

causing clients to resort to maladaptive coping mechanisms.

DISCUSSION

Findings of the research conducted, it was shown that the coping behavior of elderly patients with hypertension at the Taman Sidoarjo Health Center indicated that almost all elderly patients with hypertension used positive coping mechanisms, totaling 44 patients (80%). Adaptive coping mechanisms are mechanisms that support the function of integration (wholeness or completeness), growth, learning, and goal achievement (15). Categories of behaviors that can lead to adaptive coping mechanisms include regularly taking medication prescribed by the doctor, enjoying doing household chores, being able to manage emotions when feeling exhausted by the illness, accepting the condition of having hypertension as an elderly person, not lashing out at others when feeling emotional, talking to others,

effectively solving problems, relaxation techniques, balanced exercise, having a broad perspective, being able to accept support from others, and engaging in constructive activities. The author agrees with Dharmayanti (16) 2023, who stated that individuals who have hope in facing chronic or terminal illnesses can reduce stress, allowing them to use adequate or adaptive coping mechanisms. According to the author, hope will encourage individuals to use adaptive coping mechanisms to deal with hypertension, thereby making efforts to achieve recovery.

Zainal (17) found that task-oriented coping strategies were used by elderly patients with hypertension to address problems by focusing on problem-solving processes, including affective (feelings), cognitive, and psychomotor aspects. These reactions include talking to others about the problems faced to find solutions, learning more about the situation through reading materials, consulting experts, or connecting with supernatural forces, engaging in stress-reducing exercises, and developing alternative solutions by prioritizing problems. Positive task-oriented coping in elderly individuals is behavior that involves cognitive and psychomotor activities and does not harm oneself or others. Examples include: regularly attending health check-ups at the Taman Health Center, considering alternative treatments for their illness, and engaging in light daily exercise. The large number of elderly people suffering from hypertension who tend to ignore their health can worsen the disease they suffer from. One of the behaviors exhibited by these elderly individuals is non-compliance in taking medication, not undergoing health check-ups at healthcare facilities, and not managing their daily lifestyle (18).

Task-oriented coping in elderly individuals with hypertension involves addressing problems by focusing on problem-solving processes, including affective (emotional), cognitive, and psychomotor aspects. Such reactions include: talking to others about the

problems they face to find solutions, learning more about their situation through reading materials or consulting experts, connecting with supernatural forces, engaging in stress-reducing exercises, and developing alternative solutions by prioritizing problems (19). This research is in line with the study conducted by Safitri (20), which stated that elderly patients with hypertension who engaged in health literacy used positive task-oriented coping strategies, with a prevalence of 65%. Through health literacy, elderly patients with hypertension better understand their condition and know what actions to take in their daily lives.

According to Woo et. al. (21), ego-oriented coping mechanisms involve the use of psychological defense mechanisms to prevent deeper psychological disturbances. Positive ego-oriented coping in elderly individuals involves behaviors that are constructive and do not harm oneself or others. Examples include: taking prescribed medication regularly, enjoying household chores, managing emotions when feeling exhausted by illness, accepting the condition of having hypertension, and not lashing out at others when emotional. On the other hand, negative ego-oriented coping in elderly individuals involves behaviors where they tend to lose control over their emotions, which can harm themselves or those around them. Examples include: preferring to be alone or isolating oneself in a room, becoming more emotional when facing problems, being easily offended by others' words, and not taking prescribed medication (22).

Coping strategies are efforts made by individuals to handle stressful or threatening situations using available resources to reduce the level of stress or pressure experienced. Ego-oriented coping strategies include various types such as compensation, denial, displacement, dissociation, identification, intellectualization, introjection, isolation, projection, and rationalization (23).

Lestari's (24) research employed a descriptive method, with the variable of

coping mechanisms in elderly patients with hypertension developed by updating the variables used, namely task-oriented and ego-oriented coping mechanisms for elderly patients with hypertension. Research findings, the following recommendations were made: elderly patients with hypertension who demonstrate positive coping mechanisms are advised to continue maintaining a healthy lifestyle to manage their hypertension and prevent complications. For those with negative coping mechanisms, it is recommended that they adopt healthier habits, such as monitoring their diet, exercising regularly, maintaining a normal weight, and adhering to prescribed treatments to prevent their condition from worsening and to better control their blood pressure. It is also recommended that the research location improve health services related to the coping behavior of elderly patients with hypertension, especially in terms of psychological support, healthy living habits, and overall health support for the elderly (25).

CONCLUSION

Almost all elderly hypertension patients at the Taman Health Center in Sidoarjo tend to adopt coping mechanisms that reflect a strong sense of optimism and hope for recovery as they navigate the challenges of their illness. A significant number of these patients engage in task-oriented positive coping behaviors, which include actively seeking solutions, managing symptoms, and adhering to treatment plans to improve their condition. Additionally, almost all of these elderly patients also utilize ego-oriented positive coping strategies, such as maintaining self-confidence, drawing on personal resilience, and fostering a positive outlook toward overcoming their health problems. These coping mechanisms indicate a strong psychological drive among the patients to face their illness with determination and a proactive mindset.

CONFLICTS OF INTEREST

Author declared no conflict of interest

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