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Motivation to Implement Diet in Hypertension Patients

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A B S T R A C T

Many diseases occur due to complications of hypertension such as stroke and IHD (Ischemic Heart Disease). There complications can be prevented as early as possible if patients are adhered in the implementation of management hypertension. Adherence can arise if a person has a strong motivation to recuperate illness. This study aims to determine the correlation between the motivation diets of hypertensive patients with adherence to hypertension in the district Lengkong Jaya Garut. The type of research used is descriptive correlation, with a cross sectional approach, the sample used was 57 respondents, tools for data collection using questionnaires of motivation can adherence questionnaire, bivariate test analysis using chi-square. The results of the study showed that the majority of patients with low hypertension and compliance with hypertension were mostly nonadherent hypertensive patients. Hypothesis test results obtained p-value 0.026 means that there is a relationship between motivation and compliance with hypertension do it in District Lengkong Jaya Garut. It is recommended for nurses to do reregistration for hypertensive patients and to conduct special programs such as socialization to respondents with hypertension and provide counseling or home visits to respondents with hypertension in order to increase the motivation of hypertensive.

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INTRODUCTION

Hypertension is a chronic disease that causes high mortality and morbidity. This is because hypertension can cause complications of other diseases such as stroke and Ischemic Heart Disease (IHD), which are the two highest causes of death in Indonesia, so it is not strange if hypertension is called the disease silent killer. Besides hypertension, it is also one of the health problems with an increasing prevalence every year. Based on the riskesdas data, the prevalence of hypertension rose from 25.8% (Health

research and development agency, 2013) to 34.1% (Health research and development agency, 2018).

Seeing this phenomenon the management of hypertension is very necessary in the treatment of hypertensive patients, because with good handling the complications of the disease can be avoided. Management of hypertension can be done by routine treatment, lifestyle modification and regular control (Osamor & Owumi, 2011).

The key to managing hypertension is the adherence of the sufferer itself, hypertension becomes uncontrolled in most people who are not adherent in the management of hypertension (Binny et al., 2011) compliance is the level of patient behavior shown by following all instructions on diet, exercise, treatment, routine controls that are part of disease therapy (de la Sierra, Burnier, Volpe, & Vrijens, 2017). Antoniou. the Compliance in management of hypertension includes adherence to changes in lifestyle, treatment and control routinely. Some lifestyle of hypertensive patients that need to be changed are dietary patterns..

With a diet can reduce risk factors that can be modified, causes of hypertension itself. Hypertension diet means limiting certain food intake which has the potential to increase blood pressure and increase nutrient intake which can reduce blood pressure in hypertensive patients. A dietary approach to preventing hypertension has been developed since 1997, while the components of a hypertensive diet include: a low-salt diet, not consuming alcohol, losing weight for those who are obese, regular exercise, increasing intake of vegetables and fruits and reducing , Alanazi, high-fat foods (Alsaigh & Alkahtani, 2018; Tibebu, Mengistu, & Negesa, 2017) From several hypertensive diet studies useful for hypertensive patients in: reducing blood tryliserid levels (Chiu et al., 2016), blood pressure in hypertensive patients (hermawati, 2014), reducing the risk of stroke (Feng et al., 2018), kidney disorders (Rebholz et al., 2016) reduce the incidence of coronary heart disease and heart failure (Salehi-Abargouei, Maghsoudi, Shirani, & Azadbakht, 2013), reducing incidence Hypetensive Heart Failure (Zhu et al., 2013) and help in controlling blood sugar (Shirani, Salehi-Abargouei, & Azadbakht, 2013).

Many factors related to adherence to hypertensive diets include: distance of home to health services, level of knowledge about hypertension management, motivation for treatment, family social support (Lestari, 2011; Q. Putri Rasajati, B. BudiNingrum, 2018a; Rachmawati T & Turniani L , 2006)

Motivation is defined as an impulse in a person so that someone has strength, direction and perseverance in an effort to achieve the desired goals and fulfill their basic needs and desires (Lai, 2011; Robbins & Judge, 2015). Motivation based on the source is divided into two, namely intrinsic and extrinsic motivation. Intrinsic motivation is motivation that originates from within such as a high enough interest to change, considerable curiosity and a desire to improve current disease conditions. While extrinsic motivation is a motivation that comes from outside such as family support, support from closest people, and support from health workers Health workers have a considerable contribution in improving compliance. Internal and external motivation to recover from current illnesses should be able to influence the adherence of hypertensive patients in the management of hypertension, especially related to diet hypertension in research (Puspita, 2016).

METHOD

The research design used was descriptive correlation. The research design uses a cross sectional approach, where data involving independent variables and dependent variables will be measured or collected at one time simultaneously). The independent variable in this study was the motivation of hypertension sufferers in doing hypertension and the dependent variable in this study was adherence to implementing hypertension. The population in this study all patients was suffering from hypertension in а Lengkongjaya Village in the Karangmulya Health Center working area with inclusion criteria in 121 Lengkongjaya Villages from 16 June to 16 July 2018. The sampling technique in this study was to use purposive sampling, where sampling was carried out in hypertensive patients who were present at the time of the study in a Lengkongjava Village in the working area of the Karangmulya Health Center. The number of samples is 57 people. The research instruments in the form of questionnaires were 2 questionnaires, namely the hypertension diet compliance questionnaire which included intrinsic and extrinsic compliance as many as 10 items and a questionnaire on hypertension diet motivation (low salt diet, high and low cholesterol and 17 calories). The questionnaire was tested for validity first with a valid value of. 40.44. Bivariate analysis is used to prove the relationship and test the hypothesis in this study using Chisquare test.

RESULTS AND DISCUSSION

Univariate analysis was performed to determine the distribution of each variable both univariate and bivariate.

Table 1.Frequency distribution

| Variable | Frequency | Percentage (%) | | |
|-------------|-----------|----------------|--|--|
| Motivation | | | | |
| Low | 32 | 56,1 | | |
| High | 25 | 43,9 | | |
| Compliance | | | | |
| Obey | 23 | 40,4 | | |
| Do not obey | 34 | 59,6 | | |

Based on table 1 above, you can know more than half of respondents have low motivation of 32 people (56.1%) As well as the compliance of more than half of the respondents categorized in a disobedient category of 34 people (56.1%).

| Tabel 2 |
|---|
| Correlation analysis between motivation and compliance with hypertension diet |

| Compliance | | | | | | | | | | |
|--------------|------|------|-------------|------|-------|-----|---------|-------------|--|--|
| Motivation - | Obey | | Do not obey | | Total | | n value | Contingency | | |
| | f | % | f | % | f | % | p value | Coefficient | | |
| High | 6 | 24,0 | 19 | 76,0 | 25 | 100 | | | | |
| Low | 17 | 53,1 | 15 | 46,9 | 32 | 100 | 0,026 | 0,283 | | |
| Total | 23 | | 34 | | 57 | 100 | | | | |

Based on table 2 above the results of the correlation analysis between motivation and compliance with hypertension diit In Lengkongjaya Village, the Karangmulya Community Health Center Working Area, Garut Regency was obtained p-value = 0.026<0.05, which means that Ho is rejected and Ha is accepted thus it can be concluded that there is a relationship between motivation the compliance of with hypertension divisions in Lengkongjaya Village, the working area of Karangmulya Health Center, Garut Regency in 2018. The degree of closeness of relations is obtained C = 0.283 which is in the weak category, with the direction of a positive relationship.

Compliance is the key to managing hypertensive patients so that the patient's blood pressure can be controlled properly. To improve patient compliance there are three things that must be considered, among others: ensuring that the patient has information regarding the disease, giving motivation to the patient and third to the patient in managing the disease (DiMatte, Haskard-Zolnierek, & Martin, 2012).

Motivation is a part that must be considered in the management of hypertension. Motivation is defined as an encouragement in a person so that a person has strength, direction and perseverance in an effort to achieve desired goals and fulfill their basic needs and desires (Yorks, 2001; Burton, 2012; Robbins & Judge, 2015). Maslow states that people are motivated because of unmet needs (Stoyanov, 2017).

Health problems such as hypertension will clearly threaten the fulfillment of basic needs ranging from lower to the highest order based on the severity of the disease or complications. When complications are fallen there is a threat that basic needs are increasingly clear and this will further increase a person's motivation to change behavior towards behavior to maintain health. Therefore, a real health disorder should make the motivation for patients to manage hypertension properly, one of them is to run a hypertension diet. Hypertension diet is the implementation of hypertension, which can reduce modifiable risk factors that cause hypertension.

In this study it is clear that there is a between relationship motivation and compliance with hypertension in a positive direction. The higher a person's motivation, the higher the compliance, the more so. Motivation becomes a driver for someone to act (Susanti, 2015), the size of the motivation that is owned will determine the fast or slow achievement of the desired goals. According to Herzberg in (Alshmemri, Shahwan-Akl, & Maude, 2017) motivation can be from outside the extrinsic and from the inside (intrinsic). A health worker, has great potential to increase the motivation of hypertensive patients, nurses who are an integral part of health services have interventions in increasing motivation for their patients. Motivation can be in the form of knowledge, routine followup for hypertensive patients.

Hypertension diet is one of the keys to success in hypertension treatment. Hypertensive diets include a dietary approach to preventing hypertension that has been developed since 1997 while the components of a hypertensive diet include: increasing consumption of fruits, vegetables, wheat, beans, low-fat foods and reducing salt consumption, sweet drinks, and red meat and meat processed.

Hypertension diet is believed to help patients reduce blood pressure because the components contained in the diet of hypertension have the potential to lower blood pressure from the content of each food, one of which is a low salt diet can reduce sodium concentration in extracellular fluid so that fluid concentration will decrease and circulating fluid decreases. This will result in a decrease in blood pressure (Nurdiantini, I., Prastiwi, S., & Nurmaningsari, Fortuna, Rihiantoro, Irawan, & Ari, 2012). In an important dietary factor is patient compliance itself, here the motivational factor is important in increasing compliance. This research can help patients

Motivation cannot be observed, what is observed is the activity or perhaps the reasons for the action. . The results of this study are reinforced by the results of research conducted by (Pomegranate Sari, 2018). It is known that self-motivation can improve adherence to the implementation of a hypertensive diet. Another study that strengthens this research is research (Noorhidayah et al., 2016) about the relationship between motivation and adherence to taking antihypertensive drugs in the village of Salamerjo which has a close relationship between motivation and adherence to taking anti-hypertensive drugs. In this study there was a positive correlation motivation, with adherence with to hypertension, the motivation had a very large improving medication contribution in adherence, namely with the desire to recover from the illness, so that the respondent would naturally obey the network.

Health workers have a positive relationship with adherence in hypertensive patients. Nurses as one of the health workers have a significant contribution in the management of hypertension because nurses are an integral part of health care (Patimah, Megawati, & Suryawantie, 2018). A nurse can provide motivation, support or assistance in managing disease management so that it improves patient compliance (Kähkönen et al., 2015; Patimah et al., 2018; Q. Putri Rasajati, B. Budi Ningrum, 2018b).

CONCLUSIONS AND RECOMENDATION

The motivation of most hypertensive patients in the village of Lengkong Jaya in the working area of the Karangmulya Health Center in 2018 was in the low motivation category. Compliance with hypertension divisions in the majority of respondents with hypertension in the village of Lengkong Jaya, the working area of the Karangmulya Health Center in 2018 in the non-compliant category. There is a relationship between motivation and compliance with hypertension in the village of Lengkong Jaya in the working area of the Karangmulya Health Center in 2018.

Health workers are expected to always increase the motivation of hypertensive patients through various methods so that management of hypertension management can be effective.

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