The Relationship Between Anxiety Level and Quality of Life in Hypertensive Patients at Kalijati Subang Health Center

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Abstract *Hypertension is a cardiovascular disease and chronic medical condition in which blood pressure increases with systolic 140 mmHg and diastolic 90 mmHg. The longer the patient suffers from hypertension, it will lead to complications such as heart failure, kidney failure, and stroke and also cause physical symptoms such as psychological problems, namely anxiety, which can affect a person's quality of life. The purpose of this study was to determine the relationship between anxiety levels and quality of life in hypertensive patients at Kalijati Subang Health Center. The research method used is quantitative. The sampling technique in this study used* purposive sampling *and obtained a total sample of 91 people. Data analysis in this study used bivariate analysis with* the Spearman Rank *Test. The study's results obtained* a p-value of *0.001 (<0.05), which can be interpreted as a relationship between anxiety and quality of life in hypertensive patients at Piskesmas Kalijati Subang. The conclusion that can be explained is that the level of anxiety is related to the quality of life in hypertensive patients at the Kalijati Subang Health Center. From this study, it is hoped that puskesmas can maintain in intervening with patients who experience anxiety so that the quality of life in hypertensive patients is getting better.*

Keywords*: Hypertension, Anxiety Level, Quality Of Life*

1. BACKGROUND

Hypertension is a chronic medical condition that continuously increases blood pressure, with systolic above 140 mmHg and diastolic above 90 mmHg. It is a type of cardiovascular disease that is still a major problem worldwide (World Health Organization, 2023). Hypertension can also be said to be a disease called the "silent killer," which means a hidden killer. It is caused by symptoms that arise not so significantly but complications from hypertension that can lead to death (Sapitri et al., 2016).

According to WHO (2018), the prevalence of people with hypertension in the world is 26.4%, or as many as 927 million people; in 2021, the hypertension rate has increased by 3.2% to 29.2%. The number of people who die each year due to complications of hypertension is 9.4 million people, and 693 million people are found in developing countries, including Indonesia.

The longer a person suffers from hypertension, the more it causes several physical complications such as kidney failure, heart failure, and stroke. In addition to causing physical complications, hypertension can also cause psychological problems such as anxiety (Suciana et al., 2020). Anxiety felt by hypertensive patients directly passes changes in psychology such as tremors, sweating, rapid heart palpitations, abdominal pain, shortness of breath, and changes in behavior such as anxiety, fast-talking, surprise, and indirectly changes in behavior to relieve these anxiety symptoms (Arbani, 2013).

On the other hand, hypertension can also cause problems in social and environmental relationships that can result in a decrease in the quality of life of sufferers Rohana et al. (2023). Hypertension patients can experience impaired body system functions that can adversely affect the quality of life. According to Widagdo (2015) in Avelina & Natalia (2020), quality of life is often used to evaluate personal or group well-being. Some contexts of quality of life are often used, such as health status; quality of life is not only seen from financial and effort on a person but can also be seen from the physical and psychological built environment, education, relaxation, and leisure.

2. RESEARCH METHODS

Research Design

The type of research used is quantitative. The design used is an analytical correlation design.

Population, Sample, and Sampling

The population in this study was patients who had hypertension and visited the Kalijati Subang Health Center for the last three months, starting from October to December, as many as 921 people. Samples were taken by as many as 91 people using a purposive sampling technique.

Instrument

The HARS questionnaire was used to collect this study data. The HARS questionnaire is an anxiety measurement that contains 14 aspects, namely feelings of anxiety, tension, fear, sleep disorders, intelligence disorders, feelings of depression, somatic symptoms, sensory symptoms, cardiovascular symptoms, respiratory symptoms, gastrointestinal symptoms, urogenitalia symptoms, autonomic symptoms, and behavior. Fu'ad, Dayal, and Fuad (2015) tested this instrument for validity and reliability. The validity test results of each question item are>0.05, and the reliability value is 0.793 >0.6, so the questionnaire can be declared valid and reliable (Thoyibah, 2020).

The WHOQOL BREF questionnaire is a measurement tool containing four aspects, namely physical health, psychological, social relationships, and relationships with the environment, issued by Testa and Simonson in 1996, based on the WHO definition of healthy. This instrument has been tested for validity by (Yuliana, 2019), whose results are seven questions, namely numbers 3, 4, 6, 14, 16, 24, and 26, which haver values calculated < r table. Cronbach's Alpha score of the WHOQOL-BREF questionnaire is in the range of 0.81 – 1.00, which is 0.882, so it can be stated that the WHOQOL-BREF questionnaire is reliable.

Procedure

First, submit a research permit application letter to the Head of the Subang State Polytechnic Research and Community Service Center. Next, submit a permit application letter to the Head of the National and Political Unity Agency of Kabupaen Subang. Then, submit a permit application letter to the Subang Regency Health Office. Finally, submit a research permit application letter to the Head of Kalijati Subang Health Center.

Data Analyzes

This study will present univariate analysis as a frequency distribution table of independent and related variables. It will also analyze bivariate data using the computerized assistance of SPSS 23. The statistical test used in this study is the Spearmen rank test. This statistic tests the correlation hypothesis with data on both variables' ordinal scale (in the form of levels), with a p-value of 0.5.

Result

Tabel 1. Demographic Characteristics

Variable	Mean	Std.deviasi	Maximum	Minimum
Age	54,8	9.089	76	30

Table 1 shows the distribution of age frequency in hypertensive patients. The average age of respondents was 54.8 years.

Tabel 2. Distribution of anxiety levels

Variable	Category	Frequency (f)	Presented (%)
Anxiety level	No anxiety	1	1,1
	Light	17	18,7
	Keep	58	63,7
	Heavy	15	16,5
Total		**91**	**100**

Based on table 2 the distribution of anxiety levels in hypertensive patients at the Kalijati Subang Health Center, it was found that most of them were in the medium category as much as 63.7%, and a small part were in the category of no anxiety as much as 1.1%.

Tabel 3. Quality Of Life Distribution

Variable	Category	Frequency (f)	Presented %
Quality of life	Less	15	16,5
	Enough	58	63,7
	Good	18	19,8
Total		**91**	**100**

Based on Table 3 of the distribution of quality of life in hypertensive patients at the Kalijati Subang Health Center, it was found that most of them were sufficient categories, as much as 63.7%, and a small part were fewer categories, as much as 16.5%.

Tabel 4. The relationship between anxiety levels and quality of life

Anxiety level	Quality of life						Total	
	Less		Enough		Good			
	f	%	f	%	f	%	f	%
No anxiety	0	0	0	0	1	1,1	1	1,1
Light	0	0	0	0	17	18,7	17	18,7
Keep	0	0	58	63,7	0	0	58	63,7
Heavy	15	16,5	0	0	0	0	15	16,5
Total	**15**	**16,5**	**58**	**63,7**	**18**	**19,8**	**91**	**100**
p-*value*	0,001							
Correlation coefficient	-0,769							

Based on the results of research on the relationship between anxiety levels and quality of life in hypertensive patients at the Kalijati Subang Health using the Spearman Rank Test. This test is used to prove whether or not there is a hypothetical relationship between anxiety levels and quality of life. Based on the results of the Spearman Rank Test that has been carried out, a p-value of 0.001 is obtained, which is smaller than the p-value of <0.05 so that it can be interpreted that there is a solid relationship between the level of anxiety and quality of life in hypertensive patients, thus the value of the coefficient in this study is -0.769 which indicates the direction of the negative relationship, so it can be interpreted if the level of anxiety is higher then the quality of life is getting worse, And if the level of anxiety gets lower, then the quality of life gets better.

3. DISCUSSION

The results of the study found that there was a relationship between the variable level of anxiety and the variable quality of life in hypertensive patients at the Kalijati Subang Health

as evidenced by the results of the Spearman Rank Test that a p-value of 0.001 (< 0.05) was obtained, therefore rejecting H^2. The value of the coefficient obtained is with a result of -0.769, which states that the relationship between variables is very large or very strong with an antagonistic relationship direction, which means the opposite relationship; it can be interpreted that the lower the level of anxiety, the better the quality of life and the higher the level of anxiety, the worse the quality of life.

Dedi's research (2019) states the relationship between the level of anxiety and quality of life and the assumption that the higher the quality of life, the more calm and not excessive anxiety. The level of anxiety can affect the quality of life of someone with hypertension due to increasing age and low level of education. (Avelina & Natalia, 2020). Excessive anxiety will affect the quality of life of people with hypertension. Quality of life significantly influences social aspects of anxiety levels (Irwani & Nuryawati, 2019).

Prevention of anxiety in hypertensive patients is essential to do. One of them is the provision of information to hypertensive patients about their good self-acceptance, which will minimize the occurrence of anxiety. Puskesmas health workers must provide more promotive efforts with counseling on anxiety and hypertension both at the puskesmas and at the elderly posyandu or posbindu. This is aimed at respondents who experience anxiety, being anxious, mild, or even not experiencing anxiety.

Most hypertensive patients at Kalijati Health Center, most of them experience anxiety about their condition of hypertension; patients are afraid of complications from hypertension. Therefore, puskesmas health workers can educate more hypertensive patients to find out how hypertensive patients can maintain a lifestyle so that patients will not be affected by complications and feel anxiety, which will later affect their quality of life.

4. CONCLUSION

Based on the results of research that has been carried out and described in the discussion contained in the previous chapter, it was obtained with a p-value of 0.001 and a coefficient value of - 0.769 so that it can be concluded that there is a relationship between the level of anxiety and the quality of life in hypertensive patients at the Kalijati Subang Health Center which is very strong and has a negative direction, which means that the higher the level of anxiety, the worse the quality of life.

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