

The Relationship of Self-Compassion with Blood Pressure Control Behavior in Hypertensive Patients

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Kata Kunci: Penderita hipertensi, perilaku pengontrolan tekanan darah, <i>self-compassion</i>	Perilaku pengontrolan tekanan darah oleh penderita hipertensi di dorong oleh berbagai faktor, salah satunya adalah sikap yang mendorong pada perilaku positif. <i>Self-compassion</i> merupakan sikap berbelas kasih pada diri sendiri terhadap masalah serta penyakit yang diderita dengan perhatian, memahami dan memberikan kebaikan kepada diri sendiri. Tujuan: Penelitian ini bertujuan untuk mengetahui hubungan <i>self-compassion</i> dengan perilaku pengontrolan tekanan darah pada penderita hipertensi. Metode: Penelitian ini merupakan penelitian kuantitatif dengan desain deskriptif korelasi dan pendekatan <i>cross sectional</i> . Instrumen yang digunakan untuk pengambilan data dalam penelitian ini adalah kuesioner skala <i>self-compassion</i> dan kuesioner perilaku pengontrolan tekanan darah. Sampel penelitian adalah 144 responden yang dipilih dengan teknik <i>purposive sampling</i> . Analisis yang digunakan adalah uji <i>chi-square</i> . Hasil: Hasil analisis bivariat menggunakan <i>chi-square</i> didapatkan hasil nilai <i>p-value</i> (0,001) < alpha (0,05). Kesimpulan: Ada hubungan yang signifikan antara <i>self-compassion</i> dengan perilaku pengontrolan tekanan darah pada penderita hipertensi di Puskesmas Rejosari Pekanbaru. Korelasi yang didapatkan positif artinya semakin tinggi <i>self-compassion</i> maka semakin baik perilaku pengontrolan tekanan darah begitu pun sebaliknya semakin rendah <i>self-compassion</i> maka kurang baik pula perilaku pengontrolan tekanan darahnya.
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Date received: 22 Agustus 2025	Blood pressure control behavior by hypertensive patients is driven by various factors, one of which is an attitude that encourages positive behavior. Self-compassion is an attitude of compassion for oneself towards problems and diseases suffered by caring, understanding and giving kindness to oneself. Objective: This study aims to determine the relationship between self-compassion and blood pressure control behavior in hypertensive. Methods: This research is a quantitative research with descriptive correlation design and cross sectional approach. The instruments used for data collection in this study were self-compassion scale questionnaire and blood pressure control behavior questionnaire. The research sample was 144 respondents selected by purposive sampling technique. The analysis used was the chi-square test. Results: The results of bivariate analysis using chi-square obtained the results of p-value (0.001) < alpha (0.05). Conclusion: There is a significant relationship between self-compassion and blood pressure control behavior in hypertensive patients at Rejosari Health Center Pekanbaru. The correlation obtained is positive, meaning that the higher the self-compassion, the better the blood pressure control behavior and vice versa, the lower the self-compassion, the less good the blood pressure control behavior.
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Introduction

Hypertension is often known as high blood pressure or a situation when blood pressure exceeds the normal threshold, which exceeds 140/90 mmHg. Currently, high blood pressure has become a major trigger for premature death globally (Ministry of Health of the Republic of Indonesia, 2021). The prevalence of deaths due to hypertension in 2023 will reach 10.8 million people and 235 million people live with hypertension. The number of people with hypertension in 2023 in all parts of the world will reach 1.28 billion people. This is expected to continue to soar to 29% in 2025. As many as 46% of the total people with hypertension are unaware of their condition, less than 42% have been diagnosed and received appropriate treatment and 21% of them can control it by controlling blood pressure and maintaining their lifestyle. Hypertension spreads to all countries in the world, the highest distribution of hypertension sufferers is in African countries with 345,600,000 people (27%) and Southeast Asia is in third position with 320,000,000 people (25%). (World Health Organization (WHO), 2023)

Hypertension is the fifth leading cause of death in Indonesia. The prevalence of deaths due to hypertension in 2023 will reach 1.8 million people. The prevalence rate of hypertension sufferers in 2023 continues to increase to 40% from the previous number in 2018 of 34.1%. The prevalence rate of hypertension or high blood pressure in Indonesia in 2023 will reach 51.3 million people. Based on gender, the prevalence rate of hypertension in women has a higher number than in men, this is due to the decrease in the type of female hormone estrogen with age so that women are more susceptible to hypertension. Women have a prevalence of 45% while men have a prevalence of 36%. (WHO, 2023)

Hypertension disease spreads to all regions in Indonesia, the highest distribution of hypertension patients in Indonesia is located in South Kalimantan at 44.1% while the lowest number of hypertension patients is located in Papua at 22.2%. High blood pressure or often called hypertension is also spread in every city/district in Riau Province, the highest prevalence of hypertension in Riau Province in 2019 was in Bengkalis (85%), followed by Siak (70%), Rokan Hilir and Meranti (34%), Pekanbaru (32%), and Kuantan Singingi (21%). Pekanbaru is ranked fourth with the highest number of cases in Riau Province. The highest number of hypertension patients in Pekanbaru is at the Rejosari Health Center with 4,076 cases, followed by the Simpang Tiga Health Center with 2,916 and Senapelan with 2,648. (Ministry of Health

of the Republic of Indonesia, 2019) (Riau Provincial Health Office, 2019) (Pekanbaru City Health Office, 2024)

The risk of developing other complications, namely stroke, heart disease, diabetes, and kidney disease, increases if hypertension is not treated and controlled. BPJS Kesehatan also stated that hypertension poses a burden in financing health services, as evidenced by the increase in the budget every year. Worth 2.8 Trillion budget in 2016, and 3 Trillion in 2017 and 2018. Treatment of complications due to hypertension often involves medical procedures that have high or high costs, including surgery on the heart, surgery on the carotid artery, and dialysis sessions. The costs required for such procedures can be a heavy financial burden for both individuals and governments. . Thus, it is better to manage hypertension by managing the risk factors for hypertension to avoid such complications. The way that can be carried out to prevent the recurrence of hypertension is to carry out regular and diligent blood pressure control in people with hypertension. This is because hypertension is a health problem that cannot be treated but can be controlled. (Fisher & Curfman, 2018) (Ministry of Health of the Republic of Indonesia, 2019) (WHO, 2023) (Pambudi, 2019)

Hypertension can be caused by unhealthy eating patterns, lack of exercise, and high salt consumption. In addition, many people are unaware of the importance of checking their blood pressure on their own without waiting for symptoms to appear. People with hypertension can lower their blood pressure by adopting a low-salt diet and other healthy lifestyle changes. Regular blood pressure checks, regular use of antihypertensive drugs and lifestyle changes such as a low-salt diet are effective ways to control blood pressure. (Melinda, 2022)

Factors capable of influencing blood pressure control, including medication adherence, attitude, knowledge, and family support, affect blood pressure control. A person's positive or negative perception of performing a particular action is their attitude . (Naryati & Priyono, 2022) Self-compassion is able to provide positive affirmations and improve habits that encourage treatment and can help reduce symptoms of mild depression and anxiety In addition, (Walsh, 2021) self-compassion is also able to reduce the risk of hypertension in people who do not have a risk of hypertension in their family regardless of age, gender, economic and lifestyle factors. (Saarinen et al ., 2020) Mindfulness, which is an aspect of self-compassion, is an attitude or ability that tends to regulate attention in times of distress (Chiesa, 2012 and Kabat,

2003 in can support the reduction of implicit behavior so as to encourage a person to improve his behavior (Brewer Peters et al ., 2021) et al., 2018 in . Peters et al ., 2021)

Self-compassion can be a trait that can have an impact on blood pressure control behavior. Self-Compassion is a trait that tends to feel concerned about the suffering that is being experienced and the desire to overcome the suffering (Goetz et al ., 2010 in Panjaitan, 2021) . Self-kindness, common humanity and mindfulness are some of the components of self-compassion. Self-kindness is a positive attitude towards oneself shown through patience, gentleness, tolerance, acceptance, and non-judgment, especially when experiencing pain and suffering, failure, and difficulties in life. Common humanity is an attitude of not avoiding problems and not using problems as an excuse to isolate oneself from others. Mindfulness is the attitude of encouraging oneself to recognize and regulate thoughts and emotions by being curious, open, and taking a balanced perspective rather than being in emotional, challenging, fixated or overly blaming others. (Hughes et al ., 2021)

Research, which says that Huriyah, Prathama and Wardani (2022) self-compassion when a person has the ability to give compassion to oneself, includes an open attitude to difficulties, an urge to overcome difficulties with kindness to oneself, and not to adopt a judgmental attitude towards one's own suffering, which can encourage a person to take medication and help keep blood pressure in a normal condition.

The results of a preliminary study with an interview method that has been conducted on 20 hypertensive patients, consisting of 14 women and 6 men at the Rejosari Health Center Pekanbaru on self-compassion and blood pressure control behavior. The results were obtained that 18 out of 20 people with hypertension said they did not routinely check their blood pressure and did not routinely take hypertension medication as recommended by health workers. Seven women patients with hypertension stated that they did not reduce salt consumption in food even though they knew their blood pressure was high and often added flavorings to dishes, they also deliberately did not take hypertension medication and only ignored it when their blood pressure was high and symptoms of hypertension appeared. Meanwhile, five men often consumed coffee, smoked and stated that they did not pay much attention to their blood pressure, only checked their blood pressure when there was a comorbidity and went to health services and checked their blood pressure.

Five women stated that when their blood pressure is high and symptoms of hypertension appear, they only hide and cover up without telling their families or social environment and when they are down, they think that other people are happier than themselves, which is one of the triggers for high blood pressure due to the burden of mind and stress. Meanwhile, the remaining 3 people said that they routinely control blood pressure accompanied by their children and partners. Based on the description above, the researcher is encouraged to carry out research related to the relationship between self-compassion and blood pressure levels in hypertensive patients.

Method

The research used is quantitative research. Then, the research design is descriptive correlation using the cross sectional *approach method* (Scott, 2019). The population in this study is hypertension patients at the Rejosari Health Center in Pekanbaru City on March 1, 2024, which was recorded as many as 225. In this study, *non-probability* sampling was used using the *purposive sampling* technique. The determination of the number of samples is determined using the slovin formula. In this study, an error rate of 5% or 0.05 was used, so that the number of samples used was 144 respondents. In the data analysis used in this study, it is a *chi-square* statistical test by looking at the *results of continuity correction*.

Research Results

Univariate Analysis

The univariate analysis in this study presents the frequency distribution and presentation of variables ranging from the characteristics of the respondents studied, *self-compassion* and blood pressure control behavior in hypertensive patients at the Rejosari Pekanbaru Health Center. The results of the univariate analysis are as follows:

Respondent Characteristics

Table 1. Respondent Characteristics

Respondent Characteristics	Frequency (n)	Percentage (%)
Age		
Early Adulthood	26	18.1
Late Adult	81	56.3
Elderly	37	25.7
Gender		
Man	63	43.8
Woman	81	56.3
Education Level		
No school	2	1.4
SD	17	11.8
SMP	19	13.2
SMA	75	52.1
Diploma/S1	31	21.5
Long Suffering from Hypertension		
< 5 years	76	52.8
≥ 5 Years	68	47.2
Blood pressure		
Grade I	82	56.9
Grade II	44	30.6
Grade III	18	12.5
Total	144	100.0

Table 2. Self-Compassion Overview of Hypertension Patients

	<i>Frequency</i>	<i>Percent</i>
Tall	76	52.8
Low	68	47.2
Total	144	100.0

Table 3. Overview of blood pressure control behavior

	<i>Frequency</i>	<i>Percent</i>
Good	72	50.0
Less good	72	50.0
Total	144	100.0

Bivariate Analysis

The bivariate analysis in this study presents the relationship between the variables studied, namely *self-compassion* (independent variable) and blood pressure control behavior (dependent variable) in people with hypertension at the Rejosari Pekanbaru Health Center. The statistical

test used is *the chi-square* test using a significance level of 5% ($\alpha = 0.05$). Based on the acquisition of data processing by statistical method, the following results were obtained:

Table 4. The relationship between *self-compassion* and blood pressure control behavior in people with hypertension

<i>Self-compassion</i>	Blood pressure control behavior				Total		<i>P value</i>
	Good		Less good				
	n	%	n	%	n	%	
Tall	49	64,5	27	35,5	76	100	0,001
Low	23	33,8	45	66,2	68	100	
Sum	72	50,0	72	50,0	144	100	

Discussion

Univariate Analysis

Respondent Characteristics

Age

The results obtained by the researcher during research at the Rejosari Health Center showed that of the 144 respondents obtained, the majority of hypertension patients were in late adulthood with an age range of 40-60 years with a total of 81 people (56.3%). According to the results of research at the Rejosari Health Center, there are more patients in late adulthood than in early adults and the elderly. The results of the study are in line with research that said middle-aged and older adult patients had a 2.9 times higher chance of developing hypertension than early adult patients. Through the results of the Indonesian Basic Health Research Report (RISKESDAS) in 2013, there is a tendency that the prevalence of hypertension disease increases with age when above middle adulthood. Ekarini *et al* ., (2020)

This is in line with the research of Nurhayati *et al.*, (2023) who said that in line with age, the cardiovascular system in the body will deteriorate and the incidence of hypertension will increase. This is in line with the theory conveyed from Tryanto (2014) in that age is one of the main causes that affect hypertension, because there will be changes in the heart, blood vessels, hormones, and body. Endothelial dysfunction in hypertension, especially systolic hypertension, is age-related. . Tindangen *et al* ., (2020) (Ekarini *et al* ., 2020)

Snoop Dogg (2019) It also states that the body's arteries widen and tighten with age, which reduces the amount of blood that can pass through them and causes degradation or

decrease. Systolic pressure increases as a result of this decrease. Peripheral plasma concentrations increase with age, and the presence of intestinal fibrosis and aging glomerulosclerosis increases vasoconstriction and vascular resistance, which increases blood pressure (hypertension). This is supported by the theory put forward by Toreh & Kalangi (2012) in stating that the renin-angiotensin-aldosterone (SRAA) system is a very important regulator for regulating sodium balance, extracellular fluid volume, renal blood vessel resistance, and systemic vascular resistance. Nurhayati *et al* ., (2023)

Based on the results of the study, it can be concluded that the increase in the occurrence of hypertension in late adulthood is caused by increasing age and modification of lifestyle habits. Age is also related to the rate of hypertension due to natural changes in the body that cause changes in the heart, blood vessels, and hormones in the vascular system, which ultimately results in an increase in blood pressure that results in hypertension. (Hepburn & Saleman, 2019) (U. A. Nurhayati *et al* ., 2023)

Gender

The results of the research showed that out of 144 respondents, 81 people (56.3%) were female. Based on the fact that the number of female hypertensive patients found at the Rejosari Health Center is compared to male hypertensive patients. The results of this study are in line with the results of the study which concluded that the gender characteristics of hypertensive patients were found to be higher than those of women (16 people) than men (10 people). This study is also in line with the research carried out by stating that the results of descriptive analysis show that the average incidence of hypertension in women is higher than in men. Syamsu *et al* ., (2021) (Setiawan *et al* ., 2021)

Research shows that women are more sensitive to pain than men, and this makes them more susceptible to discomfort because they have a better memory of pain. Due to their higher susceptibility to a decline in the immune system, women are also more prone to getting sick than men. It may also be related to women's busy schedules at home and their responsibilities as housewives, which forces them to be harder, drain their energy, and weaken their immune systems (Jonah *et al* ., 2021)

According to researchers, gender has a role in increasing blood pressure which results in hypertension. This is because women who are going through menopause will have lower

amounts of the hormone estrogen. This is in line with the theory developed by those who say that estrogen protects women who have not reached menopause by increasing the levels of low-density lipoprotein (LDL), which affects the occurrence of atherosclerosis and increases blood pressure, and low high-density lipoprotein (HDL). The process of atherosclerosis makes the blood arteries stiff, making it harder for them to dilate and increase blood pressure. (Nurhayati *et al* ., 2023) (Podungge, 2020)

Education level

The results of the study on 144 respondents with hypertension showed that most of the respondents had a high school education with a total of 75 people (52.1%). This is in line with the research that explains that most people with hypertension are at the high school education level as many as 22 people (55%). This study is inversely proportional to the study by stating that most people with hypertension are educated at the elementary and junior high school levels, namely 46 people (56%). Tumundo *et al* ., (2021) Podungge (2020)

The opinion of Notoadmojo (2017) in stating that education is a step to provide knowledge that will cause behavioral changes from negative to positive and so on. Based on the results of Seprina, Herlina & Bayhakki (2022) research by Seprina *et al.*, 2022) education has an effect on knowledge, such as a sick person will use health services for treatment. This is in line with research that higher education will make it easier for respondents to receive information about the world of health, so their knowledge will increase. (Bachtiar *et al* ., 2023)

In the study stated that knowledge is influenced by education, individuals who have a higher level of education will know different things than someone with a lower level of education. The higher the education a person receives, the wider his knowledge. A person's interpretation and insight are valued more by those with a higher level of education than those with a lower level of education. A person's level of education has an impact on his knowledge, the higher his level of education, the more knowledge he obtains, compared to a low level of education, it also hinders a person's attitude to learn from new experiences (Nursalam (2011) in Hastutik (2020)). (Hastutik, 2020)

Self-compassion in people with hypertension

Self-compassion is the ability to make peace with one's mind, which also implies that people can identify, understand, and embrace all types of self-emotions, including negative

emotions. *Self-compassion* in this study is depicted as high *self-compassion* because patients tend not to blame themselves, be open to their families and the surrounding environment, which shows that respondents have high *self-compassion*. Based on the results of the study, the majority of respondents have high *self-compassion* (76 people (52.8%). In line with the study, the results of high Damayanti *et al* ., (2021) *self-compassion* showed that 60 patients with kidney failure (89.6%) had high self-compassion. The results of this study are supported by a study conducted on 86 respondents at RSD DR. Soebandi Jember obtained results of 78 people (92.9%) with Sutawardana *et al* ., (2020) *high self-compassion*. Patients who have *self-compassion* in themselves will judge their life well (Sutawardana *et al* ., 2020) . A person who shows a low level of *self-compassion* is unable to fully embrace himself or the pain he is experiencing. Being positive about yourself will increase the likelihood of accepting your own circumstances, not giving up easily, being honest with family and friends, staying optimistic, and striving to live life and encourage healthy practices. (K. Neff, 2014)

Overview of blood pressure control behavior in hypertensive patients

Based on the results of the study, it was found that as many as 72 people (50.0%) out of 144 respondents behaved well. This is equal to respondents with poor behavior, which is as many as 72 people (50.0%). This is supported by the blood pressure of the majority of respondents being *grade I* (140-159/90-99 mmHg). According to hypertension control, hypertensive patients with systolic blood pressure of 140-159 mmHg and diastolic blood pressure of 90-99 mmHg should check their blood pressure once every three months, and hypertensive patients with systolic blood pressure >160 mmHg and diastolic blood pressure >100 mmHg should check their blood pressure every two to four weeks. Based on the researcher's observations in measuring the average blood pressure of respondents, the blood pressure of the respondents was controlled. In healthcare facilities, people with hypertension can control their blood pressure by performing blood pressure control behaviors. However, patients who have uncontrolled blood pressure can trigger cardiovascular and cerebrovascular diseases resulting in complications such as stroke (*American Heart Association* , 2014) (Lukitaningtyas & Cahyono, 2023)

According to controlled refers to values that are between general boundaries and can be observed and managed, whereas according to Muttaqin (2009) when a person's blood pressure

can be kept within the normal range by taking medication and other lifestyle adjustments, they are said to have managed blood pressure. Everyone's efforts to treat the blood pressure of people with hypertension at normal limits has an impact on their blood pressure. Because many of the respondents are aware of these things and limit or avoid consuming more spices in their diets, avoiding fatty foods, regularly checking their blood pressure and reporting it to health services, and adopting other healthy lifestyles, then respondents exhibit positive behaviors. (Candra, 2012)

Respondents who behave poorly are inversely proportional to these things where respondents with poor behavior tend to reduce salt consumption less, often add a certain amount of additional seasoning to food, often consume excess food, rarely check blood pressure and do not lead a healthy lifestyle. This is also in line with the study Nurhayati (2022), some respondents lack the desire to control blood pressure.

Bivariate Analysis

The relationship between *self-compassion* and blood pressure control behavior in people with hypertension

Based on the results of the study, a *p-value* (0.001) was obtained, namely $p < \alpha$ (0.05), this shows that there is a relationship between *self-compassion* and blood pressure control behavior in hypertensive patients at the Rejosari Pekanbaru Health Center. Based on the results of the research analysis of the relationship between *self-compassion* and blood pressure control behavior, it was found that the majority of 49 people (64.5%) with high *self-compassion* had good blood pressure control behavior. The correlation between the two variables is positive, meaning that individuals who have high *self-compassion* will have good blood pressure control behavior and vice versa, the lower the *self-compassion* that hypertension patients have, the less good the blood pressure control behavior that hypertension patients have at the Rejosari Pekanbaru Health Center.

This research is in line with the fact that the higher (Kristiana, 2017) a person's *self-compassion* will affect their attitude and ability to manage emotions and find solutions for themselves. *Self-compassion* is an attitude of understanding, accepting and having compassion for oneself when dealing with challenges, failures, sufferings, shortcomings, and negative experiences. Hypertensive patients have a high level of *self-compassion*, which indicates that they accept their condition well. Positive self-concept is associated with their ability to maintain

optimism, maintain health, communicate openly with friends, family and society. (Azahra, 2013) *Self-compassion* leads to having an open feeling when experiencing difficult times and understanding the illness you are suffering. A person who has low *self-compassion* tends to be more likely to be negatively affected such as a closed attitude and non-compliance in controlling the disease suffered.

Poor attitude or negative self-concept will reduce the patient's interest in blood pressure control behavior. When people can accept who they are and the suffering they are experiencing, they exhibit obedient behavior, which encourages them to comply with prescribed care. When a person is diagnosed with hypertension, it indicates that they have realized that their health condition cannot be maintained without medication aimed at controlling their blood pressure. A person's role in pain is to want to heal and seek treatment when they experience it. Self-awareness that when you want to recover, you must regularly control blood pressure and follow the recommendations of health workers. Not only do you control blood pressure, but you must also have an obedient attitude to maintaining a lifestyle by reducing the consumption of salt, fatty foods and regularly taking hypertension medications. Controlling blood pressure in people with hypertension is something that is expected from all patients with hypertension. Therefore, they are required to comply with blood pressure control and the recommendations recommended by health workers for the sustainability of the disease they are experiencing. (Sutawardana *et al*., 2020) (Sutawardana *et al*., 2020) (Mandala *et al*., 2020)

Conclusion

The results of the research that have been conducted by researchers on 144 respondents in the working area of the Rejosari Pekanbaru Health Center, precisely through the distribution of questionnaires, show that the majority of respondents are in the age range of 40-60 years or the age of late adulthood. In gender characteristics, the majority are female. In the characteristics of the education level, the majority of respondents had high school education, the majority of respondents had hypertension for a long time <5 years and the majority of blood pressure levels were grade I. $p = 0.001 < \alpha (0.05)$. This shows that with a high level of *self-compassion*, it will affect attitudes in blood pressure control behavior in hypertensive patients.

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