American Journal of Humanities and Social Sciences Research (AJHSSR)

e-ISSN: 2378-703X

Volume-4, Issue-11, pp-118-122

www.ajhssr.com

Research Paper

Open Access

# RESPIRATORY RELAXATION THERAPY TO IMPROVE THE QUALITY OF LIFE OF ELDERLY WHO IS SUFFERING WITH HYPERTENSION

Dzihnin Zulfa Liyanan Sasmaja<sup>1</sup>, Erlina Listyati<sup>2</sup>

<sup>1</sup>(Ahmad Dahlan University, Yogyakarta) <sup>2</sup>(Ahmad Dahlan University, Yogyakarta)

**ABSTRACT**: This study aims to analyze the effect of respiratory relaxation in improving the elderly's quality of life who suffering of hypertensive. This study used the Pre-experimental Design type One Group Pretest-Posttest which is a cause and effect relationship involving one group of subjects. The research location was conducted at the Gondokusuman II Health Center in Yogyakarta City. The independent variable studied was the respiratory relaxation technique (X) and the dependent variable was the improvement of quality of life in patients with hypertension (Y). The results showed that there were differences in the quality of life before and after being given relaxation therapy. This is indicated by the p value of 0.018 <0.05, the Z value of -2.375.

**KEYWORDS:** Breathing Relaxation Therapy, Elderly, Quality of Life, Hypertension

# I. INTRODUCTION

Elderly is part of the development process of life and growth that humans must experience. Every human being who lives will experience aging and someone who has become old is the last lifetime after adulthood. According to Azizah (2011), this time a person experiences a decrease in the metal and physical parts on a regular basis.

Diseases that generally occur in the elderly are diseases that occur due to the weakening of a person's body. As stated by Darmojo (2015), the health conditions experienced by the elderly are generally in the form of hypertension, rheumatism, heart attacks, diabetes, cancer, to stroke / paralysis in the body. In this case, the occurrence of hypertension in the elderly is in the high category up to 60-80% in the age range above 65 years (Muhammad, 2010). But what happens is that hypertension is still considered a common disease, so that the general public and the elderly in particular consider this disease a disease that is considered a minor risk.

Data on hypertension sufferers according to WHO states that in 2012 cases of hypertension reached 839 cases worldwide, and it can be estimated that in the next 2025 people with hypertension will experience an increase of around 29% of the world's population and about 80% increase in cases, especially in the country. developing in the world (in Triyanto, 2014). According to the Riskesda (2013), it has an explanation that Indonesia is a country with the most hypertension sufferers, with data that the elderly are the most sufferers with a prevalence of 55-64 years with 45.9% sufferers aged 65-74 with 57.7% sufferers aged 75 years and over with patients as much as 63.8%. Whereas in 2018 hypertension sufferers had an increasing prevalence, namely 55-64 years old 55.2% aged 65-74 years 63.2% and ages 75 years and over up to 69.5% according to Riskedas data (2018).

Hypertension is an important health problem because this disease rarely has noticeable symptoms in a person's body functionally. Hypertension can cause other diseases such as coronary heart disease, heart failure to stroke (LeMone, 2018). Hypertension can be said to be a Silent Killer because the sufferers of this disease have no symptoms or physical / functional problems in the short term or for years.

Patients with hypertension usually experience an abnormally high blood pressure with three checks in a different time span. When doing a health check, people with hypertension generally have high blood pressure of more than 140/90 mmHg. At a systolic blood pressure of more than 120 mmHg and more than 80 mmHg, it can be interpreted that someone has hypertension (Ardiansyah, 2012).

According to Infokes (2009), the management of hypertension has not been handled optimally. In general, new hypertension management can reduce about 8% by prioritizing medical treatment. Medically treating hypertension using drugs that are relatively expensive and long term. In addition to medical means, hypertension can be treated in the form of psychological therapists using relaxation methods. Relaxation is a self-control

technique by utilizing the nervous system and brain calm. Relaxation methods are often used by therapists because they are proven to be effective in reducing anxiety and tension in patients (Utami, M.S, 2000).

One of the factors causing hypertension is fear and anxiety which affect the growth of blood vessels to vasoconstriction. By doing regular relaxation a few minutes before hypertensive patients do blood pressure checks will produce better results as expected. From the results of research conducted by the University of Virginia Helat System, it was reported that the mean systolic blood pressure was 14 points higher with patients without prior relaxation (Viktor, 2007). Jeferry's opinion about relaxation has a better chance of reducing the need for drugs by one tablet to lower blood pressure compared to patients who do not relax (Info Medika, 2008).

Based on the background description above, the problem can be formulated, "Is there any effect of respiratory in improving the quality of life of hypertensive patients?"

#### II. METHOD

This research was conducted by giving a pretest (initial observation) before the researcher gave the treatment, then a post test was carried out (final observation). This study used the Pre-Experimental Design method, the type of One Group Pretest-Posttest, which is a causal relationship involving one group of subjects (Nursalam, 2003).

This is done to determine the difference between the pre test and post test. The research location was conducted at the Gondokusuman II Health Center Yogyakarta City. The independent variable studied was the respiratory technique (X) and the dependent variable was the improvement of quality of life in patients with hypertension (Y).

# III. RESULT

In general, the implementation of the intervention went smoothly and the meetings were held three times with the duration of each meeting approximately 90-100 minutes. The duration of this time was deemed sufficient for each meeting, because if it was too long it could cause boredom for the subject, but according to all participants so that the therapy process could be carried out effectively. Participants also hope that these activities can still be carried out. The facilities provided are quite good because the activities are carried out in the Hall with comfortable enough chairs, adequate lighting and air conditioning in the form of a fan, but a little noisy because of the large number of vehicles passing the road in front of the hall. When providing psychoeducation and relaxation it requires a louder voice so that the participants can listen properly.

During the discussion the participants conveyed their problems openly and with mutual trust. The discussions carried out were also quite in-depth, so that each participant received suggestions and solutions to the problems experienced. When practicing relaxation, initially there were participants who were less able to follow instructions well, but after being given an explanation the participants were able to follow the instructions given, so that it had a positive effect.

In particular, the results of the intervention showed that group members who previously complained of feeling restless, insomnia, dizziness, neck and back pain, but after undergoing three relaxation meetings, their physical condition felt better. This is evidenced by the testimonies of the participants which stated that the intensity of the dizziness was reduced, the breath was relieved, felt calmer, felt fresher and more comfortable. Before doing relaxation, many participants complained that it was difficult to sleep and irritable, but after doing relaxation the participants stated that it was faster to sleep and sleep quality was better than before, and emotions were more controlled.

Participants also conveyed that awareness of relaxation was increasing, when the body began to feel uncomfortable, participants immediately relaxed their breathing and returned to feeling comfortable. The awareness of doing relaxation was also strengthened from the implementation of relaxation tasks at home because participants were taught to get used to doing relaxation when faced with environmental stressors.

In terms of punctuality, at the first and second meeting the subject was always late to attend the meeting, while at the last meeting the subject arrived on time. This indicates a change in the subject. It can be concluded that the participants experienced physical changes such as the body felt lighter, the breath also felt light, which initially felt short. Emotionally, the participants felt calmer and more comfortable, and behaviorally participants who initially had difficulty sleeping had reduced and felt they could sleep soundly. All participants experienced an increase in their quality of life score in the moderate category. The highest score increase in subject A, which increased by 18 points, subject F increased by 14 points, this was due to the high level of enthusiasm of the participants in participating in activities and practicing relaxation at home almost every day, while the lowest decrease was in subject G which was 6 points.

No	Name	Pretest score	Category	Postest Score	Notes
1.	M	71	Medium	89	The score has increased by 18 points and is in the high category
2.	W	63	Medium	71	The score has increased by 8 points and is in the high category
3.	WG	64	Medium	76	The score has increased by 12 points and is in the high category
4.	МВ	70	Medium	82	The score has increased by 12 points and is in the high category
5.	R	70	Medium	78	The score has increased by 8 points and is in the high category
6.	SA	72	Medium	86	The score has increased by 14 points and is in the high category
7.	S	66	Medium	72	The score has increased by 6 points and is in the high category

Based on the analysis using SPSS Wilcoxon test shows that significance level is 0.018 (p <0.05) with Z score is -2.375, which means that there is differences in quality of life before and after being given relaxation therapy.

### IV. DISCUSSION

Hypertension cases in the elderly are given intervention in the form of group therapy to improve the quality of life of the elderly. Group therapy is a treatment that is carried out by including several people in a small group who are accompanied by one or more therapists who are trained in the group therapy process (Brabenden, Fallon & Smolar, 2004).

According to Yalom (2005), group therapy consists of a minimum of 3 to 10 individuals who meet a therapist in one group. Group members are encouraged to provide feedback to group members. Group members are encouraged to provide feedback to other group members. This feedback consists of expressing feelings about what other group members said and did. Interaction between group members occurs in the form of providing encouragement and opportunities for each member to try ways of interacting with others. This process occurs in a safe environment, where group members try to maintain a mutual trust that allows them to speak privately and honestly.

Group activity therapy is an activity that group members may come from various backgrounds and must be handled according to psychological conditions such as aggressiveness, fear, competition, equality, inequality, liking, loneliness and attractiveness. All of these conditions will affect group dynamics, when group members give and receive meaningful feedback in various interactions that occur within the group (Yalom in Stuaart & Laria, 2001).

The group therapy process carried out on RW 04 Terban elderly with hypertension consisted of 7 participants. In the therapy process, there is a discussion between participants guided by a facilitator who first raises a topic or theme regarding hypertension. Participants share their opinions and problems in accordance with the theme. In addition, other participants also seemed to be active in expressing their feelings in response to participants who had expressed their opinions. During the therapy process, there was interaction between participants, this shows a feeling of security and comfort that is formed. Each participant feels that they get understanding from other participants, besides that they also get solutions from among the therapy participants. This is also in accordance with research conducted by Kustaryono and Andhika (2007) which shows that group counseling is effective in reducing anxiety experienced by the elderly. In the implementation of group counseling, participants are able to express their problems, are able to receive input from other participants, so that they can make behavior modifications to reduce responses due to stimuli in everyday life.ificant difference after being given relaxation treatment.

Group therapy is carried out using a behavioral approach, namely psychoeducation and relaxation techniques. Psychoeducation is an intervention that can be used in various settings and can be applied

individually or in groups. Psychoeducation, either individually or in groups, not only provides important information related to the problems of its participants but also teaches skills that are considered important for its participants to deal with problem situations. Group psychoeducation can be applied to various age groups and educational levels (Brown, 2011).

In the case of elderly hypertension RW 04 Terban, psychoeducation can provide new knowledge for participants about the causes of hypertension. This made the participants more aware of the factors that cause high blood pressure in themselves, so that they were able to reduce the symptoms that appear during hypertension, such as adjusting rest patterns and eating patterns. Apart from providing information in psychoeducation, participants are also given skills that can stabilize blood pressure so that their quality of life improves. Participants are given relaxation skills to reduce physical complaints due to hypertension.

Relaxation is a procedure and technique that aims to reduce tension and anxiety by training the patient to be able to deliberately relax the muscles of the body at any time, as desired. According to a scientific viewpoint, relaxation is a technique to reduce stress and tension by stretching the whole body to achieve a healthy mental state (Varvogli & Darvivi, 2011).

Physically, relaxation will create a feeling of comfort or relaxation. Likewise with psychological conditions, by doing relaxation there will be the release of negative emotions such as feelings of anger, anxiety, and others which are implications of improving the quality of life from a psychological side. Changes in negative emotions to positive emotions have a significant impact on the social life of people with hypertension. Relationships with other people are getting better and social activities are started because of the less pain that has been felt so far. Furthermore, relaxation can increase the individual's ability to control his feelings and increase the ability to perform physical activities and help sufferers interact in their environment. All changes that occur both from physical, psychological and social aspects are dimensions of quality of life (Varvogli and Darviri, 2011). Participants who have been given relaxation training feel more comfortable, calm and feel that the physical complaints they experience are less and have better sleep quality.

## V. CONCLUSION

In the case of elderly hypertension RW 04 Terban, psychoeducation can provide new knowledge for participants about the causes of hypertension. This made the participants more aware of the factors that cause high blood pressure in themselves, so that they were able to reduce the symptoms that appear during hypertension, such as adjusting rest patterns and eating patterns. Apart from providing information in psychoeducation, participants are also given skills that can stabilize blood pressure so that their quality of life improves. Participants are given relaxation skills to reduce physical complaints due to hypertension.

Relaxation is a procedure and technique that aims to reduce tension and anxiety by training the patient to be able to deliberately relax the muscles of the body at any time, as desired. According to a scientific viewpoint, relaxation is a technique to reduce stress and tension by stretching the whole body to achieve a healthy mental state (Varvogli & Darvivi, 2011).

#### REFERENCES

- [1]. Ardiansyah, M. 2012. Medikal Bedah untuk Mahasiswa. Diva Press: Yogyakarta.
- [2]. Azizah, L.M. 2011. Keperawatan lanjut usia. Graha ilmu: Yogyakarta
- [3]. Azwar, S. (2012). Penyusunan Skala. Yogyakarta: Pustaka Pelajar
- [4]. Baune, B.T., Aljeesh, Y.I., & Adrian, I. (2005). Predictores of Quality of Life Among Hypertensive Patients With And Without Stroke. *Journal of The Islamic University of Natural Sciences Series*, 13(2) 91-107.
- [5]. Boedhi, (1993). Data prevalensi hipertensi. Diunduh dari: http://book. google.co.id/tanggal 4 Mei 2018.
- [6]. Brabenden. V. A, Fallon. A. E, & Smolar. A.I. (2004). *Essensials of GroupTherapy*. New Jersey: Wiley & Sons, Inc.
- [7]. Brown, Nina W. (2011). *Psychoeducational Groups 3rd Edition: Process and Practice*. New York: Routledge Taylor & Francis Group.
- [8]. Darmojo, B. 2015. Geriatri (Ilmu kesehatan lanjut usia). FKUI: Jakarta
- [9]. Degl' Innocenti A, et. all. (2002). Journal. Cognitive Functionand Health-Related Quality of Life in Elderly Patients with Hypertension—Baseline Datafrom the Study on Cognition the Elderly (SCOPE). Francis.
- [10]. Departemen Kesehatan RI. (2001). *Pedoman Pembinaan Kesehatan Usia Lanjut Bagi Petugas Kesehatan*. Jakarta: Direktorat Bina Kesehatan Keluarga
- [11]. Depkes RI. 2009. Profil Kesehatan Indonesia.
- [12]. Kustaryono dan Andhika. (2007). "Efektivitas terapi kelompok untuk mengurangi kecemasan pada orang lanjut usia". Fakultas Psikologi. Universitas Gadjah Mada. Yogyakarta. Theses.
- [13]. Mubarak, W. I. (2006). Buku Ajar Keperawatan Komunitas 2. Jakarta: CV Sagung Seto.

- [14]. Muhammad, S. 2010. Mengenal Penyakit Hipertensi, Diabetes, Stroke dan Serangan Jantung. Keen Books: Jakarta.
- [15]. Sekarwiri. (2008). *Metode penelitian dan uji realibiltas dan validitas WHOQoLBREF*. http://www.lontar.ui.ac.id/file?file=pdf/abstrak 94781.pdf Setiadi. (2007). Konsep & penulisan riset keperawatan . Yogyakarta: Graha Ilmu
- [16]. Setianto, B. (2007). *Hipertensi Penyebab Utama Penyakit Jantung*. Diunduh dari: http://dinkessulsel.go.id/view.php?id=134&jenis=berita tanggal 10 Juni 2007.
- [17]. Snoek, F.J. (2000). Quality of Life: a review. Education and Ageing. Triangle Jour-nal, 15, 419-435
- [18]. Stuart, GW, Laraia, M.T., 2001, Principle and Practice of Pshychiatric Nursing, Edisi 7, Mosby, Philadelpia.
- [19]. Suseno., Kriswoyo, P. G., Handoyo. (2013). EfektvIitas Relaksasi terhadap Kecemasan pada Lansia di Posyandu Lansia Adhi Yuswa RW.X Kelurahan Kramat Selatan. *Jurnal Ilmiah Kesehatan Keperawatan*, Vol.9 No.3
- [20]. Triyanto, E. 2014. *Pelayanan keperawatan bagi penderita hipertensi secara terpadu*. Graha ilmu: Yogyakarta
- [21]. Varvogli, L., & Darviri, C. (2011). Stress Management Techniques: evidencebased procedures that reduce stress and promote health, Health *Science Journal*.
- [22]. WHO. (2005). WHO Quality Of Life Bref. Geneva: World Health Organization.
- [23]. Yalom, I. D., & Leszcz, M. (2005). The theory and practice of group psychoterapy fifth edition. New York: Basic Books.
- [24]. Yundini. (2006). Faktor Risiko Hipertensi. Jakarta: Warta Pengendalian Penyakit Tidak Menular.
- [25]. Yusup, Lany. 2010. Rahasia Tetap Muda Hingga Lansia. Jakarta: Gramedia Pustaka.