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# Family Nursing Care for Families with Hypertension Experiencing Ineffective Family Health Management: A Case Study

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ABSTRACT

**Background:** Hypertension is a major non-communicable disease that can lead to serious complications, including stroke, coronary heart disease, and kidney failure. Family involvement is essential to improve treatment adherence, lifestyle modification, and blood pressure control. However, limited family knowledge and support often result in ineffective family health management.

**Objective:** To describe the implementation and outcomes of family nursing care for families with hypertension experiencing ineffective family health management in the working area of UPTD Puskesmas Kandangan, Kediri Regency, Indonesia.

**Methods:** This study employed a descriptive case study design using the family nursing process. Two families with hypertensive members in the working area of UPTD Puskesmas Kandangan, Kediri Regency, Indonesia, were selected as participants in 2026. Data were collected through interviews, observations, physical examinations, and documentation. Data were analyzed descriptively using the stages of assessment, nursing diagnosis, planning, implementation, and evaluation.

**Discussion:** Both families demonstrated inadequate knowledge regarding hypertension, low-salt diet, medication adherence, and healthy lifestyle practices. Nursing interventions focused on family support in care planning and health education. After three days of intervention, family knowledge, participation, medication support, and utilization of health services improved. Blood pressure also decreased in both clients, although the nursing problem of ineffective family health management was only partially resolved.

**Conclusion:** Family nursing care through health education and family support effectively improved family knowledge, participation, and hypertension management. Active family involvement contributed to better treatment adherence and blood pressure control, although continuous support is required to achieve optimal long-term outcomes.

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## 1. Introduction

Ineffective family health management is a condition where families are unable to recognize, make decisions, and take appropriate actions to maintain the health of their family members, which can worsen the condition and reduce the quality of life. One of the non-communicable diseases that often occurs in the family environment is hypertension. Hypertension is known as the silent killer because it often does not cause typical symptoms, but carries the risk of causing 5 serious complications such as stroke, kidney failure, myocardial infarction, heart failure, and visual impairment in the form of retinopathy (Dwi, 2025). Pathophysiologically, hypertension occurs due to persistent increases in blood pressure in the artery walls, which can cause damage to blood vessels and target organs. Based on data (SKI, 2023), the prevalence of hypertension in Indonesia reached 30.8%, which indicates that hypertension remains a significant public health problem and requires a comprehensive treatment approach, including through family nursing care.

At the provincial level, the prevalence of hypertension in East Java in 2023 was recorded at 26.6% (Muhammadiyah University of Surakarta, 2023). This figure indicates that more than a quarter of the population in East Java has hypertension. In the Kandangan Community Health Center (Puskesmas) work area, the prevalence of hypertension in 2023 was 27.9% and increased to 30% in 2024, with a population of over 10,000 people. This increase indicates an upward trend in hypertension cases that requires continued attention. The high incidence of hypertension is influenced not only by individual factors such as age, diet, and lifestyle, but also by the family's ability to carry out health care functions for their family members.

According to Friedman, Bowden, and Jones' (2010) family nursing theory, families have five family health tasks: recognizing health problems, making decisions about health actions, caring for sick family members, modifying the environment to support health, and utilizing health care facilities. In the context of hypertension, families play a role in ensuring medication adherence, managing a low-salt diet, encouraging physical activity, and providing emotional support. Research shows that family support is significantly related to medication adherence in hypertensive patients (Naibaho, 2022). Furthermore, family coping support influences the effectiveness of family health management in hypertensive patients. Family support also contributes to improving self-care and the quality of life of hypertensive patients. However, based on a preliminary study conducted in the Kandangan Community Health Center working area in 2024, of 10 families with members with hypertension, 6 families stated that they did not routinely remind them about medication control and adherence and lacked understanding of hypertension diet management. This condition indicates a gap between the theory of family health functions and actual conditions in the field.

If ineffective family health management is not optimally addressed, it can increase the risk of complications such as stroke, kidney failure, and heart disease, as well as reduce the quality of life of hypertension sufferers. This condition demonstrates the importance of family involvement in ongoing disease management. Kandangan Community Health Center has implemented various hypertension control programs such as elderly health posts (Posyandu) and home visits as promotive and preventive efforts. However, the success of these programs is greatly influenced by the family's ability to carry out family health tasks effectively (Friedman et al., 2010). Therefore, nurses have a crucial role in providing family nursing care through health education, strengthening family coping, and mentoring in independent and ongoing hypertension management.

## 2. Method

### 2.1. Study Design

This study employed a descriptive case study design using the family nursing process approach to describe the implementation of family nursing care for families experiencing hypertension

with the nursing diagnosis of ineffective family health management. The nursing process consisted of assessment, nursing diagnosis, planning, implementation, and evaluation.

### 2.2.Setting

The study was conducted in the working area of UPTD Puskesmas Kandangan, Kediri Regency, East Java, Indonesia, in 2026. Family nursing care was provided through home visits over three consecutive days.

### 2.3.Participants

The participants consisted of two families with hypertensive members who experienced the nursing diagnosis of ineffective family health management. Participants were selected using purposive sampling based on the presence of hypertension in a family member, the identified nursing diagnosis, and the family's willingness to participate in the study.

### 2.4.Instruments

The study used family nursing assessment forms, physical examination sheets, observation forms, blood pressure measurement devices (sphygmomanometer and stethoscope), and patient documentation. Nursing diagnoses, interventions, and outcomes were determined based on the Indonesian Nursing Diagnosis Standards (SDKI), Indonesian Nursing Intervention Standards (SIKI), and Indonesian Nursing Outcome Standards (SLKI).

### 2.5.Data Collection

Data were collected through interviews with family members, direct observation, physical examinations, blood pressure measurements, and documentation review. The collected data included demographic characteristics, family health history, knowledge of hypertension, dietary practices, medication adherence, utilization of health services, family support, and clinical findings throughout the nursing care process.

### 2.6.Data Analysis

Data were analyzed descriptively using the stages of the family nursing process, including assessment, nursing diagnosis, planning, implementation, and evaluation. The effectiveness of nursing care was evaluated by comparing family knowledge, participation in hypertension management, medication adherence, utilization of health services, and blood pressure changes before and after the interventions. Ethical principles were maintained by ensuring voluntary participation, protecting participant confidentiality, and preserving the anonymity of all family members throughout the study.

## 3. Result

The assessment was conducted on two patients with hypertension, namely family 1, Mr. D (55 years old), and family 2, Mr. W (52 years old), with nursing problems of Ineffective Family Health Management on February 1, 2026. The first family (Mr. D), aged 58 years old, male, family relationship as husband/father, works as a farm laborer and odd jobs, elementary school education. (Mrs. S) aged 52 years old, female, works as a housewife, elementary school education. (Ms. E) aged 25 years old, female, family relationship as a child. The second family (Mr. W) is aged 52 years old, male, family relationship as husband/father, works as a farmer and does odd jobs, elementary school education. (Mrs. T) aged 50 years old, female, works as a housewife, elementary school education. (Ms. R) aged 23 years old, female, family relationship as a child.

In the first family (Mr. A) subjective data was obtained in the form of Mrs. S said she had hypertension since 8 years ago, the family did not understand prevention, diet, treatment that must be undertaken, did not practice a healthy lifestyle especially for hypertension sufferers, Mrs. S said she still often consumed savory foods, high in salt, rarely had regular check-ups and rarely took medication if not sick. In the objective data, data were found in the form of

clients and families who seemed to have a lack of understanding of healthy behavior; clients seemed to know a healthy diet for hypertension sufferers, BP: 175/90 mmHg. Family health history: Mr. D said family members are currently healthy and have no history of chronic disease; Mrs. S has a history of hypertension and hereditary hypertension from her father; Mr. D is healthy and has no hereditary disease; Ms. E is healthy and has no hereditary disease.

The second family (Mr. K) obtained subjective data in the form of Mrs. T said she had suffered from hypertension since 10 years ago and the family did not understand how to prevent food restrictions and the treatment that must be undertaken and Mrs. T did not know the low salt diet and did not practice a healthy lifestyle, especially for hypertension sufferers, namely Mrs. T never took medication given by nurses and never had regular check-ups and rarely knew what blood pressure was when the client complained of dizziness. In the objective data, data were found in the form of the family consuming foods high in salt, namely instant noodles and packaged snacks, and Mrs. T did not appear to have regular check-ups, and the client did not appear to know a healthy diet for hypertension sufferers, BP: 179/85 mmHg. Family health history: Mr. W said that family members are currently healthy and have no history of chronic disease; Mrs. T has a history of hypertension and hereditary hypertension from her mother; Mr. W is healthy and does not have hereditary disease; Ms. R is healthy and does not have hereditary disease.

Based on the data obtained, the main nursing diagnosis obtained was Ineffective Family Health Management related to the complexity of the care/treatment program, as evidenced by the family not understanding how to prevent hypertension, not knowing the foods prohibited for a low-salt diet, and not following a healthy lifestyle for hypertension sufferers and not undergoing therapy properly.

The interventions assigned to both families included family support in planning care and health education, which were implemented over three days. Implementation included identifying family needs and expectations, identifying the consequences of not engaging in activities, identifying actions the family could take, identifying readiness and ability to receive information, scheduling agreed-upon health education, and motivating the development of attitudes and emotions.

The results of the first day's evaluation of both families indicated that the sick family member's blood pressure was desired to be controlled so that they would not experience frequent dizziness. The family recognized the importance of following the recommendations of health professionals and expressed their readiness to support them in understanding hypertension and carrying out the recommended treatment. However, the family revealed that they still frequently consumed salty foods, did not take medication regularly, never had regular check-ups at health facilities, and did not exercise. Observation results showed that the family appeared cooperative during the education process, but the family was still less able to explain hypertension, risk factors, and dietary patterns to avoid. Mrs. S and Mrs. T appeared to receive support from the family with initial blood pressure of 178/87 mmHg and 168/96 mmHg in Mrs. T. Based on the evaluation results, the nursing problem of family health management was not partially resolved, so the intervention was continued at the next meeting.

On the second day, subjective data from both families showed that the sick family member began to calm down, was less irritable, and was more motivated to maintain his health because he understood that stress can increase blood pressure. Both families also began to reduce their

consumption of salty foods, and the families actively reminded the sick family member to limit the use of salt when cooking. In addition, the families stated that they understood the material that had been given, were able to answer questions related to hypertension, reminded the sick family member to take medication regularly, do light activities, maintain environmental cleanliness, and planned to have regular check-ups at the community health center. Observations showed that the families appeared calmer, the home environment was clean, the family was able to re-explain the material that had been given, actively asked questions about hypertension, and did light activities. The blood pressure measurement results for Mrs. S showed 170/80 mmHg and for Mrs. T, 160/80 mmHg. Based on the evaluation, the nursing problems in family health management were not partially resolved, so the intervention was continued the following day.

The results of the evaluation on the third day, in both families, showed that the family understood the material that had been taught by the nurse and was committed to utilizing health facilities to conduct health checks and monitor blood pressure regularly. The family also stated that they had started to carry out health checks at the community health center and participate in Posyandu ILP activities in the village. The observation results showed that the family was able to carry out the actions that had been taught, could re-explain the material given at the previous visit, and actively supported and reminded sick family members to carry out routine checks and participate in Posyandu activities. The results of the blood pressure measurement for Mrs. S were 167/89 mmHg and for Mrs. T, 156/89 mmHg. Based on the evaluation, the problem of nursing management of family health was not effectively resolved, and further interventions were continued independently by the family.

## 4. Discussion

Based on the results of the study on the families of Mr. D and Mr. W in the work area of the Kandangan Health Center, Kediri Regency, it was found that the family members who experienced hypertension, namely Mrs. S and Mrs. T, were both female. This finding is in line with research by Nurhanifah et al. (2025) and WHO (2023), which stated that women have a higher risk of hypertension after menopause due to decreased estrogen levels. Therefore, there is no gap between theory and fact because both clients who experienced hypertension were female.

In terms of age, Mrs. S is 52 years old, and Mrs. T is 50 years old. This age group is at risk for hypertension due to physiological changes in blood vessels that occur with age. This is consistent with hypertension prevalence data in East Java and the Kandangan Community Health Center's work area, which shows a high incidence of hypertension in the adult and elderly age groups. Thus, there is no gap between theory and reality.

Furthermore, both clients had a family history of hypertension. Mrs. S inherited hypertension from her father, while Mrs. T inherited hypertension from her mother. This condition aligns with the theory that genetic factors are a non-modifiable risk factor for hypertension because they are related to genetic predisposition and blood pressure regulation (Pradono et al.). Therefore, there is no gap between theory and reality.

Regarding the family's ability to recognize health problems, both families were aware of a family member with hypertension, but still lacked understanding of disease management, a low-salt diet, dietary restrictions, and necessary treatments. This situation contradicts the theory that states families should be able to recognize health problems, their causes, and how to treat them (Halawa et al., 2023). Therefore, there is a gap between theory and reality.

In terms of decision-making ability, both families did not optimally utilize healthcare facilities. Mrs. S's family tended to purchase medication or consume herbal medicine first,

while Mrs. T's family faced limited access to healthcare facilities. This situation demonstrates a gap with the theory that families should be able to make informed healthcare decisions and utilize healthcare services optimally (Wahyuni et al., 2021).

Regarding the ability to care for sick family members, both families failed to consistently implement a low-salt diet and failed to remind patients to take their antihypertensive medication regularly. This indicates that the family's role in hypertension management is suboptimal, creating a gap between theory and reality.

Meanwhile, regarding home environmental maintenance, both families demonstrated good behavior by maintaining cleanliness, ventilation, and water quality, as well as practicing clean and healthy lifestyles. This situation aligns with the theory regarding the importance of a healthy environment in supporting family health. However, both clients still consumed high-salt foods, potentially exacerbating their hypertension.

Regarding health facility utilization and nutritional needs, both families did not undergo regular health check-ups and did not optimally implement a low-salt diet. Mrs. S and Mrs. T continued to consume the same foods as other family members and used salt and flavorings in their cooking. This situation does not align with the Ministry of Health's (2021) recommendation to limit sodium consumption in people with hypertension. Research by Watiningrum (2022) and Sukawati (2023) also showed that family support is associated with adherence to a low-salt diet. Therefore, there is a gap between theory and reality because the hypertension diet has not been optimally implemented even though the family's basic nutritional needs are being met.

Overall, both families were able to carry out several family health tasks, particularly maintaining a healthy home environment. However, limitations remained in recognizing health problems, making decisions, caring for sick family members, utilizing health facilities, and implementing a low-salt diet, necessitating increased family education and support in managing hypertension.

In client 1 (Mrs. S), the assessment revealed that the family did not understand the causes, treatment, and diet for hypertension. Mrs. S admitted to frequently consuming salty and savory foods and had not reduced the use of salt and MSG in her daily cooking. Objective data showed a blood pressure of 178/87 mmHg, a pulse rate of 89 beats/minute, a respiratory rate of 20 breaths/minute, a temperature of 36.5°C, and complaints of dizziness and weakness. In client 2 (Mrs. T), the family also did not understand the causes, treatment, and diet for hypertension. Mrs. T admitted to being unable to reduce the use of salt in her cooking despite knowing she had hypertension. Objective data showed blood pressure of 167/89 mmHg, pulse 82 beats/minute, respiratory rate 20 breaths/minute, temperature 36°C, and complaints of dizziness and weakness. The etiology of the problem in both clients was related to non-compliance with the therapy program, influenced by low patient motivation in undergoing treatment and a lack of family support in reminding them to take medication and have regular health checks. According to the Indonesian National Health Insurance Program (IDHS Working Group Team DPP PPNI, 2016), ineffective family health management is a pattern of handling health problems in the family that is not satisfactory for restoring the health condition of family members, characterized by a lack of understanding of health problems and difficulty carrying out prescribed treatments. Based on the analysis conducted, the condition of both families is in accordance with the diagnosis of ineffective family health management, because the family has not been able to understand and carry out the hypertension therapy regimen optimally.

Both families received the same planning including Identification of family needs and expectations regarding health, identification of the consequences of not taking action together with the family, identification of family resources, identification of actions that the family can take, motivation to develop attitudes and emotions that support health efforts, use existing health facilities and resources in the family, create optimal changes in the home environment,

encourage the use of existing health facilities. And there is a second intervention, namely health education (I.12383), providing health education materials and media, scheduling health education.

In theory, the SIKI DPP PPNI Working Group (2017) stated that family support in planning care is a key intervention to address ineffective family health management. This is supported by research by Nurhanifah et al. (2025), which demonstrated a significant relationship between family support and adherence to a low-salt diet in patients with hypertension, and by research by Halawa et al. (2023), which demonstrated that health education can improve patients' knowledge and attitudes regarding a low-salt diet.

Based on the analysis, the diagnosis of ineffective family health management aligns with the condition of both families, as they lack understanding of hypertension care, including prevention, dietary management, medication adherence, and healthy lifestyle practices. Therefore, family support in planning care and providing health education is necessary to improve family knowledge, patient compliance, and optimal hypertension management.

Based on the results of nursing implementation, both families had similar interventions, which included observation, therapy, and education. During the first visit, the families' health needs and expectations, the consequences of not taking health measures, the family's resources, and actions that can be taken to support health were identified. In addition, families were motivated to adopt healthy lifestyles, utilize health facilities, and receive health education regarding hypertension. The second visit reinforced previous material, identified family resources, utilized health facilities, and provided education about a low-salt diet. The third visit repeated material on a low-salt diet and medication adherence, as well as education about hypertension exercises and blood pressure monitoring.

According to Halawa et al. (2023), health education can improve family understanding and encourage necessary actions in hypertension treatment to prevent complications. Meanwhile, nursing implementation is a series of actions carried out by nurses to help clients achieve better health (SDKI DPP PPNI Working Group Team, 2017). Based on the analysis, there was no gap between theory and reality because the implementation was tailored to the needs of both families. The gradual and repeated education helped improve the families' understanding of a healthy lifestyle, a low-salt diet, medication adherence, and utilization of health facilities in hypertension management.

Based on the evaluation results for both families, there was an increase in family knowledge, support, willingness, and cooperation in hypertension management. In Mrs. In Mrs. S's family, they understand the importance of a low-salt diet, medication adherence, hypertension exercises, and self-monitoring of blood pressure. However, the family is still unable to optimally implement a low-salt diet and has not utilized health facilities regularly. In Mrs. T's family, the family has started implementing a low-salt diet, scheduling medication, performing hypertension exercises, reactivating the BPJS (Social Security) program (BPJS Kesehatan), and utilizing health facilities for health monitoring. Evaluation results showed a decrease in blood pressure in both clients. Mrs. S's blood pressure decreased from 178/87 mmHg to 167/89 mmHg, while Mrs. T's blood pressure decreased from 168/96 mmHg to 156/89 mmHg. These results indicate that family support interventions in care planning and health education have a positive impact on hypertension control. These findings align with research by Sukawati (2023) and Watiningrum (2022), which stated that family support is associated with adherence to a low-salt diet and blood pressure control in hypertension sufferers. Despite this, the ineffectiveness of family health management nursing in both families remains partially unresolved due to the suboptimal implementation of a low-salt diet, medication adherence, and utilization of healthcare facilities. This condition is influenced by long-established habits, barriers to accessing healthcare, and the need for increased consistency in family support. According to Sari et al. (2020), family support is strongly linked to dietary adherence, making

the involvement of all family members essential for successful long-term hypertension management.

Overall, the nursing interventions provided proved effective, as evidenced by increased family knowledge, motivation to make behavioral changes, ability to perform hypertension exercises, ability to self-monitor blood pressure, and decreased blood pressure in both clients. However, continued family support is needed.

## 5. Conclusion

Based on the assessment results, both families demonstrated a lack of understanding of hypertension prevention, diet, and treatment. They frequently consumed high-salt foods, rarely attended health check-ups, did not take medication regularly, and both sick members had a history of hypertension inherited from their parents. Observations indicated that both families still lacked understanding of healthy lifestyles for those with hypertension. Mrs. S had a blood pressure of 175/90 mmHg, while Mrs. T had a blood pressure of 179/85 mmHg.

The established nursing diagnosis was ineffective family health management related to the complexity of the care/treatment program, evidenced by the families' lack of understanding of hypertension prevention, lack of knowledge of foods prohibited for a low-salt diet, failure to maintain a healthy lifestyle for those with hypertension, and failure to adequately comply with therapy.

The interventions established for both families included family support in planning care and health education, which was implemented over three days. Implementation included identifying family needs and expectations, identifying the consequences of not participating in activities, identifying actions that the family can take, identifying readiness and ability to receive information, scheduling agreed-upon health education, and motivating the development of attitudes and emotions.

A three-day nursing evaluation showed an increase in knowledge, understanding, and family involvement in hypertension management in both families. Families began to understand the importance of a low-salt diet, medication adherence, stress management, physical activity, and utilization of healthcare facilities. Furthermore, families were able to re-explain the material provided, support their sick family member in their care, and begin conducting regular health check-ups. However, the issue of ineffective family health management nursing was still partially resolved, as behavioral changes and the adoption of a healthy lifestyle still require ongoing practice and support.

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