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The Correlation between Coping Strategies and Anxiety in Hypertension Patients in Malang Regency, Indonesia

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ABSTRACT Good self-management in hypertension patients will reduce the risk of complications. This study's aim was to analyse the correlation of coping strategies on anxiety levels in hypertension patients. The study uses a cross-sectional study approach. The research has been conducted in Malang district, Indonesia, wherein a total sample of 108 participants was taken using simple random sampling. Research variables include anxiety and coping strategies. The data are collected using a questionnaire. The statistical test used is multiple linear regression analysis. The results show that there was a significant correlation of active coping (p-value = 0.005), planning (p-value = 0.041), suppression of competing activities (p-value = 0.007), restraint (p-value = 0.026), and the use of social support (p-value = 0.004) for anxiety in patients with hypertension. These results illustrate that improving coping strategies by focusing on problems through the use of active coping, planning, suppression of competing activities, restraint, and the use of social support influence is reducing anxiety in people with hypertension.

INTRODUCTION

Hypertension is a disease whose number continues to increase in most countries (Gupta and Xavier 2018; Mulia and Prajitno 2020). Several risk factors are thought to be the cause of this increased prevalence of hypertension (Adiwati and Chamidah 2019; Ana et al. 2019; Anto et al. 2020). In this case, blood pressure control efforts are needed in order to help hypertension patients avoid complications (Chow et al. 2013; Athiyah et al. 2017). Hypertension can cause emotional responses in patients such as anxiety (Aguirre-Camacho and Moreno-Jiménez 2018). Anxiety is an individual's subjective feeling of tension, fear and worry about something (Chow et al. 2021). The emergence of anxiety will have an impact on the patient's quality of life (Aguirre-Camacho and Moreno-Jiménez 2018; Irwindi et al. 2020). Although the level of anxiety in each individual is different (Topdemir and Saritas 2020), there are studies that show the emergence of high anxiety in someone who has a health problem, has an impact on the illness suffered (Wu et al. 2014). In patients with hypertension, anxiety will cause blood pressure to increase. A high level of anxiety is related to uncontrolled blood pressure (Alcántara et al. 2014).

Previous studies have explained that hypertension patients are affected by various factors that can increase blood pressure (Bajkó et al. 2012). The level of anxiety varies between individuals. This is because there are various factors that influence the emergence of anxiety (Shvachiy et al. 2018). Anxiety can affect the psychological condition of people with hypertension. The emergence of psychological factors such as anxiety is significantly related to the pathophysiological processes that exist in the body (Bajkó et al. 2012). High anxiety level if not overcome will have an impact on uncontrolled blood pressure and increased heart work (Johannessen et al. 2006).

Based on transactional theory, stimulation from one's environment causes the individual to feel a danger or threat, and the individual will start to run a coping strategy to overcome the problem (Cooper and Quick 2017). Coping is an individual's response to a threat that afflicts him with the aim of maintaining physiological and psychological well-being (Speyer et al. 2016). The component of coping strategies are active coping, planning, suppressing of competing activities, restraint, using social support, etc. (Carver 2013). Coping strategies can influence one's health

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behaviour (Fikriana et al. 2020). Moreover, coping strategies can also affect a person's quality of life (Ledesma et al. 2018). Research that explains the effect of coping strategies on anxiety reactions in patients with hypertension is very rare.

Objective

The objective of this study was to analyse the correlation of coping strategies on anxiety in hypertension patients.

METHODOLOGY

Design, Setting and Sample

The study employs a correlational observational with a cross-sectional approach. This research was conducted in Malang Regency, Indonesia. The total sample of the study is 108 hypertension patients, achieved by using simple random sampling technique. Samples are patients who have been diagnosed with hypertension by health workers. Data on hypertension patients were taken from health care facilities. The inclusion criteria of respondents are those aged e" 40 years old and with blood pressure e" 140/90 mmHg. The exclusion criterion is a hypertension patient who has a hearing loss or cognitive impairment.

Variables and Instrument

There are two variables in this study, independent and dependent. Independent variables, called coping strategies, consist of active coping, planning, suppressing of competing activities, suppression, and the use of social support. The dependent variable is anxiety. Anxiety is an unpleasant condition that occurs as a response to the environment. The indicators of anxiety responses are tension, fear, sleep disturbance, disturbance of intelligence, feelings of depression, somatic symptoms, sensory symptoms, cardiovascular symptoms, respiratory symptoms, digestive tract symptoms, urogenital symptoms, and autonomic symptoms during interviews.

There are several definitions of the components of coping strategies including. Active coping is an active decision-making and direct action to reduce the impact caused by indicators, which are concentration efforts, positive actions, taking direct action, and doing what must be done. Planning is an effort to overcome the pressure by developing plans and strategies in order to achieve a better problem solving. The indicators are making plans, making strategies, making a better problem solving, and taking action in steps. Suppressing of competing activities is to keep oneself from being disturbed by other things. One should focus on handling problems and prevent anything that would disturb them. Restraint is an effort to refrain so it does not worsen the existing problem. The indicators of restraint are delay until time allows, do not worsen the problem by acting quickly, and waiting for the right time to do something. Using social support is an effort to seek social support. The indicators are getting advice from others, talking to others for more information, talking to others for appropriate actions, and talking to others who have the same problem.

The research instrument of the study was a questionnaire. A coping strategy questionnaire was adopted from COPE Inventory (Carver 2013). Each coping strategy consists of four items so that the total number of questions is 20. The multiple-choice answer used a Likert scale. The anxiety questionnaire uses the Hamilton Anxiety Rating Scale (HARS), which consists of 14 questions. The questionnaire was tested for validity and reliability and was declared valid and reliable. The reliability test results obtained Cronbach's alpha with anxiety 0.841, active coping 0.670, planning 0.647, suppression of competing activities 0.636, restraint 0.805 and use of social support 0.787.

Ethical Considerations

The data were collected once the respondents filled the informed consent after the researchers explained the purpose of the study. The research has been approved by the Health Research Ethics Committee of Sekolah Tinggi Ilmu Kesehatan Kepanjen, Malang in Indonesia (No. 010/S.Ket/KEPK/STIKesKPJ/XII/2019).

Data Analysis

The respondents' characteristic data and categorical data of coping strategies and anxiety was processed descriptively by displaying the distri-

bution variable and the percentage of each component. To analyse the correlation between coping strategies and anxiety, the data are analysed using multiple linear regression statistical tests with level of significance of ninety-five percent.

RESULTS

The results are described in the form of frequency distributions of socio-demographic characteristics, coping strategies and anxiety, and the influence of coping strategies on anxiety in hypertension patients. Table 1 illustrates that most hypertension patients are female (84.3%), most are over 51 years old (86.1%) and more than half of patients have blood pressure e" 160/100 mmHg. Table 2 about coping strategies and anxiety, illustrates that the highest category in the selection of coping strategies for patients with hypertension is in the high category of active coping, planning, suppression of competing activities, and restraint. The use of social support is mostly in the medium category, whereas the anxiety measurement found that most patients do not experience anxiety. The correlations of coping strategies on anxiety patients of hypertension are described in Table 3. From the Table, anxiety of hypertension patients correlated by use of social support (p-value=0.004), active coping (p-value=0.005), suppression of competing activities (p-value=0.007), restraint (p-value=0.026), and planning (p-value=0.041).

Table 1: Table of frequency distribution of socio-demographic characteristics

Characteristic	*Category*	*Frequency (n)*	*Percentage (%)*
Gender	Male	17	15.7
	Female	91	84.3
Age	40-50 years old	15	13.9
	51-60 years old	38	35.2
	61-70 years old	29	26.8
	71-80 years old	22	20.4
	≥ 81 years old	4	3.7
Educational Background	No schooling	50	46.3
	Elementary school	35	32.4
	Junior high school	15	13.9
	Senior high school	8	7.4
Blood Pressure	140-159/90-99 mmHg	50	46.3
	≤ 160/100 mmHg	58	53.7

Table 2: Table of frequency distribution of coping strategies and anxiety

Variable	*Category*	*Frequency (n)*	*Percentage (%)*
Active Coping	High	62	57.4
	Average	43	39.8
	Low	3	2.8
Planning	High	52	48.1
	Average	47	43.5
	Low	9	8.3
Suppression of Competing Activities	High	74	68.5
	Average	28	25.9
	Low	6	5.6
Restraint	High	70	64.8
	Average	29	26.9
	Low	9	8.3
Use of Social Support	High	47	43.5
	Average	58	53.7
	Low	3	2.8
Anxiety	There is no anxiety	55	50.9
	Mild anxiety	37	34.2
	Medium anxiety	14	13.0
	Severe anxiety	2	1.9

The results of the coefficient of determination are obtained by the value of Adjusted R Square, which is equal to 0.511 or 51.1 percent. It shows that the influence of coping variables on anxiety is 51.1 percent, while the remaining 48.9 percent is influenced by other variables not examined in this study.

DISCUSSION

Coping strategies play an important role in influencing one's health status (Xu and Liu 2020).

Table 3: Table of multivariate test results for multiple linear regression

Variable	*B*	*SE*	*β*	*T*	*Sig.*
Anxiety					
Constant	54.251	3.825		14.184	<0.001
Active coping	-0.734	0.254	-0.237	-2.892	0.005
Planning	-0.468	0.226	-0.160	-2.068	0.041
Suppression of competing activities	-0.723	0.264	-0.228	-2.736	0.007
Restraint	-0.512	0.227	-0.176	-2.256	0.026
Use of social support	-0.818	0.277	-0.233	-2.953	0.004

Disease that occurs in a person will directly affect the perception of the disease, which will ultimately affect the emergence of anxiety and depression. Adaptive coping and maladaptive are factors that mediate the relationship between disease perception with anxiety and depression (Knowles et al. 2014). Quality of life of a person is influenced by psychological conditions. For someone who has a health problem, the use of problem focused coping shows an increase in quality of life (Wilski et al. 2019). This is because problem focused coping and use of social support are included in positive coping strategies (Deegbe et al. 2020). Social support obtained from health workers can affect the emotional response of patients (Fikriana and Afik 2020). In addition, social support affects disease interpretation (Nursalam et al. 2020) and also improves self-regulation in hypertension patient (Fikriana et al. 2019). There are fewer men than women because women are less sociable and many of them are menopausal (Fikriana and Afik 2020).

Based on research results, active coping can reduce anxiety levels in hypertension patient. This can cause blood pressure patients to be more controlled. Previous studies have found that active coping helps reduce anxiety levels in a person and prevents hypertension (Palagini et al. 2016). Active coping can be linked to religious coping (Imperatori et al. 2020). In addition, active coping also affects the development of one's mental status (Levy et al. 2019). The higher a person's active coping, the less anxiety the person experiences. Active coping in the form of wise actions taken by someone will make that person able to prepare themselves in facing problems and stay calmer.

Planning can also reduce anxiety levels. Planning can increase readiness and be better able to solve problems that occur without feeling any anxiety because the individual has good planning. This is in accordance with previous findings, which state that control strategies in planning with reactive cognitive control and increased proactive cognitive control can reduce anxiety cognition (Levy et al. 2019). Planning that is accompanied by good social support can reduce the negative effects that occur in a person (Rienks 2020). This illustrates that good planning boosts the value of reactive and proactive cognition, resulting in anxiety or anxiety levels decreasing.

Suppression of competing activities also significantly affects anxiety. Suppression of competing activities is an effort for someone to focus and prioritise solving the problem that is being faced and put aside other things that are considered not important. This is consistent with previous research, which found that emotional control imbalances tend to occur between relatively low motor effectiveness. Increased anxiety control attention can interfere with emotional function stability (Coombes et al. 2009). Someone who performs suppression of competing activities, in carrying out an action will focus on solving problems where this, if it occurs, will further reduce the level of anxiety because it has a better level of emotional stability compared to doing the opposite activity.

Restraint coping has a significant effect on anxiety in people with hypertension. Restraint coping is an attempt to restrain oneself from doing something when feeling poor. Someone will do this and will not hold it back if it is felt that someone's condition has returned to normal and at the right time, so that anxiety will not appear and will produce something that is optimal. Another study shows that restraint coping and suppression of competing activities are mediators that influence stress with alcohol consumption behaviour (Corbin et al. 2013).

Use of social support has a significant effect on anxiety. Use of social support is an attempt by someone to get more information, advice and emotional comfort about the problems they face through other people. Appropriate social support through the addition of information obtained by patients will be able to reduce anxiety levels (Ren and Li 2020). Patients with hypertension who have a lot of information will further reduce the level of anxiety of these patients so that the pressure will be more controlled.

Several factors relate to one's coping strategy. The study results show that emotional intelligence has a significant relationship with coping strategies (Hajisabbagh et al. 2019). Emotional intelligence is a variable that can affect a person's physical and mental health and influence on general health (Ghajarzadeh et al. 2014). Culture also influences coping strategies (Lyu et al. 2019). Another study illustrates that family structure influences coping strategies used by someone in dealing with stress. Individuals with com-

plete family structures show more adaptive coping abilities compared to individuals with single parents (Sikorová and Polochová 2014; Sukartini et al. 2020). In addition, increased knowledge can reduce stress, which ultimately increases coping strategies for someone (Tambunan et al. 2020).

CONCLUSION

Anxiety affects the blood pressure of hypertension patients. Conditions that can reduce the level of anxiety in hypertension patients include active coping, planning, suppressing opposing activities, restraint, and the use of social support.

RECOMMENDATIONS

The implication of these results is the need for health workers to strengthen coping strategies so that hypertensive patients avoid anxiety due to the disease they are experiencing. This is very important because anxiety affects the patient's blood pressure.

LIMITATIONS OF THE STUDY

In analysing factors related to anxiety, the researchers only focused on the patient's coping strategies. Other internal and external factors that may influence anxiety were not investigated. So this can be a confounding factor in this study. Further research is needed to analyse some of these confounding factors such as personality type, health status, social support, etc.

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