INTRODUCTION

Hypertension in general can be defined as a systolic pressure of more than 140 mmHg and a diastolic pressure of more than 90 mmHg. The prevalence of hypertension based on the results of the 2018 Riskesdas is 34.1%. This figure is higher than in 2013 which touched a prevalence rate of 25.8%. These results are the incidence of hypertension based on the results of blood pressure measurements in Indonesian people aged 18 years and over.

WHO states that hypertension affects 22% of the world’s population, reaching 36% of the incidence in Southeast Asia. Hypertension also causes about 23.7% of the total 1.7 million deaths in Indonesia in 2016. The Basic Health Research (Riskesdas) conducted by the Ministry of Health in 2018 resulted in an increase in the incidence of hypertension compared to the results in 2013. The prevalence of hypertension based on the results of the 2018 Riskesdas was 34.1%. This figure is higher than in 2013 which touched a prevalence rate of 25.8%. These results are the incidence of hypertension based on the results of blood pressure measurements in Indonesian people aged 18 years and over.

Based on data on hypertension in Bali province, the number is 14,494 people, the highest sufferers of hypertension in Klungkung Regency (12.98%), then Tabanan Regency (12.12%) and the lowest is Denpasar City (6.80%). Data on hypertension in Buleleng district amounted to (8.49%). Of the 129,815 estimated total patients with hypertension in Buleleng Regency in 2019 as many as 63,232 people have received health services or 48.7%. The number of hypertension sufferers in the Buleleng 1 Public Health Center in 2020 amounted to 1,107 people.

Anxiety can trigger an increase in adrenaline which affects heart activity, namely the occurrence of vasoconstriction of blood vessels and can increase blood pressure (Endang, et al 2014). One of the health problems that can cause anxiety is hypertension and the psychological aspects that accompany it (Ministry of Health RI, 2013). The impact of anxiety can affect the stimulation of the sympathetic nervous system, which increases blood frequency, cardiac output and peripheral vascular resistance, in addition to spurring the heart to beat faster and stronger, so blood pressure will increase. If it is not treated immediately, it can cause bleeding, the anxiety of hypertensive clients is increasing with the lack of knowledge about the treatment of hypertension they are suffering from. Therefore, hypertensive clients who experience anxiety require good treatment in reducing their anxiety.

Patients with hypertension who experience anxiety will show somatic symptoms and a sense of nervousness or fear. Somatic symptoms that can appear in anxiety include: dizziness or lightheadedness, diarrhea, sweating, difficulty breathing, nausea and vomiting, hypertension, palpitations or palpitations, dilated pupils, restlessness, restlessness, tremors or tremors, fainting, impaired urination. Anxiety does not only cause disturbances in the orientation of places, times, people, or events so that people look like people are confused (confused). Disturbances in the learning process that occur include decreased concentration, and repetition.
MATERIALS AND METHODS

This research was conducted quantitatively with a descriptive design. Descriptive research design is a study that provides an overview of anxiety in Hypertension patients in the Buleleng Health Center Area in 2021. This research was conducted in the Buleleng Health Center area in 2021. The time of the research was 2 months (22 February to 30 April). The population in this study were 1,107 patients who were studied with the same nursing problem, namely hypertension. The number of samples in this study were 92 hypertension patients, with a reserve of 10% (6 hypertension patients). With probability sampling technique, namely simple random sampling by being selected randomly. The research instrument is using a questionnaire and data analysis with descriptive analysis.

RESULT

Table 1. Frequency distribution of respondent characteristics

| Variable  | Frequency | Percentage (%) |
|-----------|-----------|----------------|
| Age       |           |                |
| 34-45 years | 41        | 44.6           |
| 46-55 years | 28        | 30.4           |
| 56-65 years | 11        | 12.0           |
| > 65 years  | 12        | 13.0           |
| Total      | 92        | 100            |

Table 2 shows that the majority of respondents are aged 35-45 years, namely 41 people (44.6%) and female as many as 54 people (58.7%).

Table 2. Frequency distribution based on anxiety in hypertension patients

| Anxiety  | Frequency | Percentage (%) |
|----------|-----------|----------------|
| Mild     | 62        | 67.5           |
| Moderate | 12        | 13.0           |
| Severe   | 18        | 19.5           |
| Total    | 92        | 100            |

Table 2 shows that most of the respondents had mild anxiety levels, namely 62 people (67.5%).

Table 3. Anxiety in hypertension patients based on age characteristics

| Age        | Anxiety | Total |
|------------|---------|-------|
|            | Mild    | Moderate | Severe | Total |
|            | F %     | F %      | F %     | F %   |
| 34-45 years| 31      | 33.7     | 33.3     | 6     | 6.5   | 40 | 43.5 |
| 46-55 years| 16      | 17.4     | 44.3     | 8     | 8.7   | 28 | 30.4 |
| 56-65 years| 6       | 6.5      | 33.3     | 2     | 2.2   | 11 | 12.0 |
| > 65 years  | 9       | 9.7      | 22.2     | 2     | 2.2   | 13 | 14.1 |
| Total      | 62      | 67.3     | 12      | 13.1  | 18   | 19.6| 92  | 100  |

Based on table 3, it can be explained that anxiety in patients Hypertension based on age characteristics is the most common mild anxiety, namely at the age of 35-45 years as many as 31 people (33.7%).

Table 4. Anxiety in hypertension patients based on gender characteristics

| Gender | Anxiety | Total |
|--------|---------|-------|
|        | Mild    | Moderate | Severe | Total |
|        | F %     | F %      | F %     | F %   |
| Male   | 20      | 21.8     | 6       | 6.5   | 12   | 13.0  | 38 | 41.3 |
| Female | 42      | 45.7     | 6       | 6.5   | 12   | 13.0  | 54 | 58.7 |
| Total  | 62      | 67.5     | 12      | 13.0  | 18   | 19.5  | 92 | 100  |

Based on table 4, it can be explained that anxiety in hypertension based on gender characteristics is the most mild level of anxiety, namely in women as many as 42 people (45.7%).

DISCUSSION

The results of the research on the characteristics of the respondents include age and gender. In table 1, the characteristics of respondents based on age show that most respondents are 35-45 years old, namely 41 people (44.6%), 46-55 years as many as 28 people (30.4%), 56-65 years as many as 11 people (12.0 %), and > 65 years as many as 12 people (13.0%). Age is a risk factor that is shared by everyone and is a risk factor that cannot be controlled. Research shows that age is one of the factors that influence the increase in blood pressure or the incidence of hypertension and the prevalence of hypertension is found to be the most in the age range of 50 to 79 years. This statement states that there is an increase in the risk of hypertension at the age of > 40 years because at that age there will be changes in the structure of blood vessels which result in an increase in blood pressure. This study also shows similar results that there is a relationship between age and hypertension. The prevalence of hypertension in individuals over 35 years of age is higher than in individuals under 35 years of age.12

Age is a risk factor that cannot be controlled, hypertension has begun to be experienced by many young people or productive age groups. People aged 40 years are usually prone to increasing blood pressure which can gradually become hypertension as they grow older.12,13

The results showed that the characteristics of respondents based on gender found that most of the respondents were female as many as 54 people (58.7%) while male - male as many as 38 people (41.3%). Gender is a risk factor for hypertension that cannot be controlled. Research conducted by Ali & Yuliwari, shows that the female gender has a greater risk of developing hypertension. Also stated the same thing, where the proportion of women suffering from hypertension was more than men and there was a relationship between gender and hypertension.13-15

The results of this study indicate that most respondents have mild anxiety levels in hypertension, namely 62 people (67.3%), moderate anxiety levels as many as 12 people (13.1%), and severe anxiety levels as many as 18 people (19, 19, 6%). The level of mild anxiety based on age, namely at the age of 35-45 years was 31 people (33.7%). The level of mild anxiety based on gender was 42 people (45.7%). From these results, it can be explained that patients who experience hypertension mostly have mild anxiety levels.

Maturity will affect a person’s ability to cope with mechanisms so that it is difficult for more mature individuals to experience anxiety because individuals have a greater ability to adapt to anxiety than mature age. It is proven in the research, it is found that the mature age, namely the adult age, has a lower prevalence of anxiety level than the adolescent age. This proves that a mature age has sufficient coping abilities in overcoming anxiety. Gender factor can significantly affect the level of
anxiety, in the study it was also stated that the female gender is more at risk of experiencing anxiety compared to the male gender.16,17

Based on the level of anxiety of patients with hypertension, it can be explained that the anxiety of hypertension clients, the lighter the anxiety, the more aware of the treatment of hypertension they suffer. The difference between anxiety experienced in normal people and in hypertension clients can be seen from the response when faced with situations, for example the anxiety experienced comes from the same stressor source, when compared, they experience the same anxiety, only the difference is the physical condition between hypertensive clients with normal people at the time of receiving the response.8

Mild anxiety is related to tension in daily life and causes clients to be alert and increase the field of perception. The responses that arise from cognitive, affective, physiological, behavioral and social are still within normal limits. The impact of mild anxiety is increased alertness and ability to learn.18,19

The next anxiety scale is moderate anxiety which allows the client to focus on what is important and put aside other things so that the client experiences selective attention, but can still carry out activities with direction. The effect on moderate anxiety is the ability to focus on the main problem, remain able to pay attention and be able to learn. Physiological responses under normal conditions or begin to increase. Cognitive responses also show a narrowing of the perceptual field, while emotional and behavioral responses are shown to be wary and contradictory.18

The severe anxiety scale allows the client to experience a decrease in the client’s perceptual field. The behavior shown by the client leads to behavior to reduce tension and requires a lot of direction to be able to focus the mind. The impact on the severe anxiety scale is the inability to focus or not be sympathetic. The response shown on the severe anxiety scale is that the client has difficulty thinking and not be sympathetic to increased emotional and behavioral responses, which are shown to be wary and contradictory.18

Blacburn & Davidson explains the factors that cause anxiety, such as the knowledge that a person has about the situation he is feeling, whether the situation is threatening or not as well as the ability to control himself (such as emotional state and the focus of the problem). Then Adler and Rodman stated that there are two factors that can cause anxiety, namely negative experiences in the past and irrational thoughts.20

CONCLUSION

Based on the results of the study, it can be concluded that hypertension patients at the Buleleng 1 Public Health Center have mild anxiety levels.

Acknowledgements: The author thanks the Director of Poltekkes Kemenkes Denpasar, Head Department of Nursing Poltekkes Kemenkes Denpasar and all respondents who have participated in this study

Conflict of Interest: The author declared that don’t have conflict of interest

Ethical Clearance: This research has received ethical approval from the Research Ethics Committee, Denpasar Health Polytechnic No.LB.02.03/FA/KEPK/0129/2021.

REFERENCES

1. Akhina JT, Meakin R, Unar M, Freemandt N. Current prevalence pattern of hypertension in Nigeria: A systematic review. PLoS One. 2015; 10(10):e0144001. https://doi.org/10.1371/journal.pone.0144001
2. Riskestas RL. Riset kesehatan dasar tahun 2013. Badan Penerbit dan Pengemb Kesehat Kementrian Kesehat RI 2013;
3. Kemenkes RI. Hasil u tama riskedas 2018. Jakarta Kemenkes RI 2018;
4. Fisher NDL, Curfman G. Hypertension-a public health challenge of global proportions. Jama. 2018; 320(17):1757-9. https://doi.org/10.1001/jama.2018.16760
5. Hariawan H, Tatische FM, Pelkekanan Pemberdayaan Keluarga Dan Senam Hipertensi Sebagai Upaya Manajemen Diri Penderita Hipertensi. J Pengabd Masy Saxambo. 2020; 1(2):75-9. https://doi.org/10.32807/jpms.v1i2.478
6. Rosdiana A, Cahayati V. Effect of progressive muscle relaxation (PMR) on blood pressure among patients with hypertension. Int Adv Life Sci Res. 2019; 28-35. https://doi.org/10.31632/jalr.2019v02i01.005
7.ucci N, Giorgi G, De Paouale Cariati S, Fis-Perez J, Macchi S, Arcangeli G. Anxiety, stress-related factors, and blood pressure in young adults. Front Psychol. 2016; 7:1682. https://doi.org/10.3389/fpsyg.2016.01682
8. Prasetya AS. Pengaruh Pendidikan Kesehatan Terhadap Tingkat Ansietas Klien Hipertensi. J Kesehat Metro Sai Wawai. 2017; 7(1):56-63.
9. Park ER, Traeger I, Vanceanne A-M, Scult M, Lerner JA, Benson H, et al. The development of a patient-centered program based on the relaxation response: the Relaxation Response Resilience Program (3RP). Psychosomatics. 2013; 54(2):165-74. https://doi.org/10.1016/j.psym.2012.09.001
10. Syukri M. Efektivitas terapi hinosin lima jari terhadap ansietas klien hipertensi di Puskesmas Rawasari Kota Jambi Tahun 2017. J Ilm Unv Batanghari Jambi. 2019; 19; 2(3):53-6. https://doi.org/10.33087/jiubb.v19i2.678
11. Audha V, Mulia M, Damayanti D. Gamaran Teknik Hipnosis Lima jari dalam Mengatasi Kecemasan pada Pasien Hipertensi. J Ilmu Kesehat Indonesia. 2021; 2(1).
12. Adnyani PP, Sudhana IW. Prevaleensi dan faktor risiko terjadinya hipertensi pada masyarakat di Desa Sidemen, Kecamatan Sidemen, Karangasem periode Juni-Juli 2014. J Pak Kedokat Univ Udayana. 2014; 4(3):1-15.
13. Alfes M. Terapi perilaku kognitif pada pasien hipertensi. Malang: Wineka Media. 2018;
14. Ali WN, Yulswar R. The relationship between sleep quality and Blood Pressure in Patients with Hypertension. J Berk Epidemiol. 2018; 6(1):18. https://doi.org/10.20473/jbe.V6I1.2018.18-26
15. Jannath M, Nurhasanah N, Sartika RA. Analisis faktor penyebab kejadian hipertensi di wilayah kerja Puskesmas Mangasa Kecamatan Tamalate Makassar, Muhammad University Makassar; 2017.
16. Danu VK, Ningsih OS, Suryati Y. Faktor-faktor yang Mempengaruhi Kecemasan Perawat Selama Pandemi Covid-19 di Kabupaten Manggarai. Wawasan Kesehat. 2021; 6(1).
17. Veilyana D, Lestari A, Rahmawati A. Faktor-faktor yang berhubungan dengan tingkat kecemasan pada pasien preoperative di RS Mitra Husada Pringsewu. J Kesehat. 2017; 81(1):108-13. https://doi.org/10.26630/jk.v81i1.493
18. Zaini M. Asuhan Keperawatan Ijwa Masalah Psikososial di pelayanan klinis dan komunitas. Deepublish; 2019.
19. Turk DC, Meichenbaum D. A cognitive-behavioral approach to pain management: In: The evolution of cognitive behavior therapy. Routledge; 2017. p. 132-54. https://doi.org/10.4324/9781315748931-12
20. Annica DF, Edil I. Konsup kecemasan (anxiety) pada lanjut usia (lansia). Konselor. 2016; 5(2):93-94. https://doi.org/10.24636/02016526480-0-00