



## DIFFERENCES THE ACTIVITY DAILY LIVING OF HYPERTENSIVE ELDERLY RESIDING WITH FAMILY AND ALONE

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### Abstract

*Hypertension is a condition of elevated blood pressure that often leads to complications and is known as the "silent killer" because it frequently occurs without symptoms. This chronic disease is common among the elderly and can impact their independence in performing activities of daily living. A decline in physical ability due to hypertension may cause the elderly to become dependent on others in fulfilling daily physical tasks. This study aims to analyze the differences in ADL independence among elderly individuals with hypertension who live with their families and those who live alone, to determine the influence of living arrangements on their independence levels. The research uses a descriptive comparative method with a total sampling technique. The sample includes 50 elderly individuals with hypertension living with their families and 30 elderly individuals living alone, with a total of 85 respondents. The population consists of elderly individuals with hypertension residing in Licin Village, Cimalaka Sub-district, Sumedang Regency. The results showed a significant difference in ADL independence between the two groups, with a p-value of 0.001, indicating that living arrangements affect independence. Elderly individuals who live with their families tend to experience mild dependency due to receiving assistance, while those living alone are generally more independent. The findings suggest the importance of encouraging elderly individuals who live with families to increase their physical independence. This can enhance their quality of life and reduce overdependence, supporting better aging in place.*

## What is already known

Hypertension, commonly known as high blood pressure, is a condition that often leads to additional health problems such as heart attacks, strokes, and kidney issues. It is frequently referred to as a "silent killer" because it typically presents without clear symptoms, causing individuals to be unaware that they are suffering from hypertension (Adistia et al., 2022). According to the Elderly Welfare Law No. 13 of 1998, elderly individuals are defined as those aged 60 years and older. This age group is considered vulnerable to various risks, including health, economic, psychological, and social challenges. As individuals age, their health condition generally tends to decline, accompanied by economic and psychological factors. Hypertension can also affect social aspects, such as reduced social activity and limited support due to the symptoms of non-communicable diseases (Christensen et al., 2009 in Setyaningsih et al., 2020).

The decline in activities of daily living (ADL) among the elderly can be influenced by several factors, including joint stiffness, limited mobility, slower motor responses, poor body balance, circulatory problems, and instability while walking, all of which increase the risk of falling. The impact of hypertension, as one of the most common chronic diseases in the elderly, includes physical limitations that can lead to total dependence in fulfilling daily needs, such as eating, bathing, toileting, and mobility.

Several previous studies have addressed ADL among elderly individuals with hypertension. For example, research by Primadayanti, S. (2021) showed differences in the level of ADL independence between elderly individuals who participated in community health programs (posyandu) and those who did not. Another study by Shafana, A.R. (2025) found a statistically significant difference in the quality of life between elderly individuals living with family in Natar Sub-district and those residing in the UPTD PSLU Tresna Werdha Natar institution. Furthermore, research by E.P. Sari (2020) revealed differences in independence between elderly individuals in the community and those in institutional care.

From the explanation above, it is evident that previous research has discussed various significant differences in the level of ADL independence among elderly individuals. Preliminary studies also show varied levels of independence among elderly individuals with hypertension, with some being mildly dependent while others remain independent. Based on these differences, the researcher aims to further explore "The Differences in Activities of Daily Living (ADL) Independence Among Elderly Individuals with Hypertension Who Live with Their Families and Those Who Live Alone."

## 1. Background

Hypertension, commonly referred to as high blood pressure, is a condition that frequently leads to additional health complications such as heart attacks, strokes, and kidney disorders. Often labeled as a "silent killer," this disease typically shows no apparent symptoms, causing individuals to be unaware of their condition (Adistia et al., 2022). One of the global targets in addressing non-communicable diseases is to reduce hypertension prevalence by 33% between 2010 and 2030 (WHO, 2021). The most common diagnostic indicator of hypertension is when systolic blood pressure exceeds 140 mmHg and diastolic pressure exceeds 90 mmHg (Flack & Adekola, 2020 in Umam et al., 2023).

According to the World Health Organization (WHO), hypertension is the leading cause of premature death worldwide, with an estimated 1.28 billion older adults affected globally. In 2022, WHO reported that 22% of the global population suffered from hypertension. In Indonesia, the prevalence of hypertension increased by 8.31%—from 25.8% in 2013 to 34.11% in 2018 (Riskesdas in Delavera et al.). The number of hypertension cases in Indonesia is estimated at 63,309,620 individuals, with the number of deaths from this chronic disease reaching 427,218 cases. West Java Province holds the highest prevalence rate among all provinces at 39.6%. Preliminary data from the Sumedang District Health Office (2024) recorded 1,197,302 residents diagnosed with hypertension.

Based on Law No. 13 of 1998 on Elderly Welfare, older adults are defined as individuals aged 60 years and above. This age group is considered vulnerable to various risks, including health, economic, psychological, and social factors. As individuals age, their health conditions tend to deteriorate, often influenced by economic and psychological challenges. Hypertension, as a non-communicable disease, also impacts social factors such as reduced

social engagement and lack of support (Christensen et al., 2009 in Setyaningsih et al., 2020). It is widely observed among older adults and is characterized by persistently elevated blood pressure exceeding 140/90 mmHg (MoH RI, 2019). In 2021, the elderly population in Indonesia accounted for 10.28% of the total population and is projected to reach nearly 20% by 2045 (Hakim, 2020). This demographic trend may lead to increased health issues caused by aging and a decline in health productivity, which in turn affects their activities of daily living (Vibriyanti, 2018 in Pusat et al., 2022).

The decline in Activities of Daily Living (ADL) in the elderly can be attributed to various factors, such as joint stiffness, limited mobility, slow motor responses, poor balance, circulatory issues, and instability while walking—all of which increase the risk of falling. Additionally, sensory impairments such as vision and hearing loss contribute to the decline in ADL. If such dependency is not addressed promptly, it can lead to diseases, dysfunctions in bodily and central nervous systems, and further decrease in independence (Zhao et al., 2019 in Kartika et al., 2023). Approximately 31.7% of the elderly report having at least two chronic conditions, which necessitate comprehensive healthcare services and significantly impact their ability to carry out daily activities and maintain self-care independence (Jack et al., 2022).

According to Virginia Henderson's theory of basic human needs, nurses play a key role in supporting individuals—whether healthy or ill—to utilize their strengths, will, and knowledge to perform essential daily activities, recover, or experience a peaceful end-of-life (Alligood, 2021). Her "Activities of Living" model emphasizes that nurses must help individuals, especially older adults, achieve independence as quickly as possible (Rachmayani, 2023).

Hypertension, being the most common chronic illness in older adults, results in physical impairments that lead to total dependence in fulfilling daily needs such as eating, bathing, toileting, and mobility. This condition affects various aspects of elderly life, including social limitations, restricted physical mobility, cognitive decline, and increased risk of falls (Maresova et al., 2021). A study by Supratman (2021) found that elderly individuals with hypertension often struggle with daily activities, spend more time resting, experience fatigue, and report frequent dizziness. Their independence tends to decrease, requiring assistance due to the dual impacts of aging and hypertension on both physical and psychological abilities. Data from 2024 indicates that 43.22% of the elderly face health issues that require effective management of daily living activities.

The family plays a vital role in supporting elderly individuals to cope with their challenges. With family support, older adults gain greater self-confidence and motivation to confront problems, leading to increased independence (Apriyeni et al., 2021). Prior studies related to ADL among elderly individuals with hypertension include research by Primadayanti, S. (2021), which found differences in ADL independence between those who participated in posyandu services and those who did not. Shafana, A.R. (2025) discovered statistically significant differences in quality of life between elderly individuals living with families and those residing in institutional care. Similarly, E.P. Sari (2020) revealed differences in independence between community-dwelling and institutionalized elderly individuals.

While previous studies have explored ADL in different contexts, this study focuses on comparing the independence of elderly individuals with hypertension who live with family versus those who live alone. This study is unique in that it extends beyond previous comparisons involving community health services (posyandu) or institutional living arrangements (PSLU), by focusing on household composition as the key variable of interest.

Individually, a person is considered elderly at age 60 or above in developing countries or 65 and above in developed countries (Affandi, 2009). According to 2024 data from the Sumedang District Health Office, 1,197,302 people across 35 sub-district health centers have been diagnosed with hypertension. The Cimalaka sub-district has the highest number of cases, with 63,775 individuals diagnosed. A preliminary study in Puskesmas Cimalaka's service area revealed 1,650 hypertensive elderly residents across 14 villages. Licin Village had the highest number, with 85 hypertensive elderly aged 60 and above. Among 10 elderly individuals sampled in Licin Village, 5 lived alone and 5

lived with family. They exhibited varying levels of ADL independence—some performed tasks independently while others still required assistance, especially those living with family.

In conclusion, prior studies have examined significant differences in elderly ADL independence. However, this study aims to further explore and understand “The Differences in Activities of Daily Living (ADL) Independence Among Elderly Individuals with Hypertension Living with Family and Those Living Alone.”

## 2. Literature Review

### 2.1 The Concept of Hypertension and Activity Daily Living

Hypertension is a chronic condition characterized by persistently elevated blood pressure and is often referred to as a "silent killer" because it typically presents without clear symptoms, increasing the risk of severe complications such as stroke, heart failure, and kidney disease (Adistia et al., 2022). According to Flack and Adekola (2020, in Umam et al., 2023), a person is diagnosed with hypertension when systolic blood pressure reaches  $\geq 140$  mmHg and/or diastolic  $\geq 90$  mmHg. Its prevalence is notably high among the elderly due to age-related physiological changes, including decreased vascular elasticity and increased peripheral resistance (Kemenkes RI, 2019). This condition significantly affects the quality of life and contributes to the decline in the ability to perform daily activities independently.

Activity Daily Living (ADL) refers to a person's ability to carry out basic daily self-care tasks such as eating, bathing, dressing, toileting, transferring, and walking. ADL serves as a crucial indicator of independence, especially among older adults. Based on Virginia Henderson's theory of basic human needs, nurses play a vital role in supporting individuals—both healthy and ill—to use their strength, will, and knowledge to achieve independence in daily life (Allgood, 2021). Several factors influence ADL decline in the elderly, including joint stiffness, reduced mobility, poor balance, circulatory issues, vision and hearing loss, and chronic conditions like hypertension (Zhao et al., 2019 in Kartika et al., 2023). These limitations can lead to increased dependence, lower self-esteem, and diminished quality of life, highlighting the need for appropriate nursing interventions and strong family support (Jack et al., 2022).

### 2.2 Theory Activity Daily Living

According to Virginia Henderson, in the theory of basic human needs, nurses play a role in supporting individuals, who are said to be healthy or said to be sick, in utilizing their strengths, desires and knowledge, so that they can carry out daily activities that are important to them, such as recovering from illness, or dying peacefully. Nurses have an important role in ensuring that patients do not become overly dependent on others and are timely (Allgood, 2021). Henderson developed a model in nursing commonly called "The Activities of Living" meaning that the task of a nurse is to help individuals, especially the elderly, to achieve independence quickly (Asiva Noor Rachmayani, 2023).

### 2.3 Activity Daily Living

According to Gallo, (2022) daily living activities can be used as an indicator to assess the level of functional ability of the elderly in carrying out daily activities. In addition, daily living activities are an individual's capacity when caring for themselves independently to fulfill their roles in themselves, their families, and society (Brunner S, 2022). Evaluation of the level of functional independence aims to determine a person's strengths and weaknesses, so that it can help in determining appropriate interventions (Maryam, (2021). Independence refers to a person's ability to carry out activities without supervision or assistance from others. Elderly people who choose not to carry out certain functions are considered not to do so, even though they are physically able. Independence can be interpreted as an individual's ability to take care of their personal needs without depending on others (Maryam, 2021).

## 2.4 Empirical Study Related to Daily Living Activities

Previous studies discussed daily living activities in elderly people with hypertension, including research by Primadayanti, S. (2021), where the results of the study showed a difference in the level of independence of daily living activities between elderly who attended posyandu and those who did not attend posyandu in the area. Furthermore, research by Shafana, A.R (2025), where the results of the study revealed a statistically significant difference in the quality of life between elderly who live with their families in Natar District and those who live at UPTD PSLU Tresna Werdha Natar. As well as research by EP Sari, (2020) where the results of the study found that there was a difference between the independence of elderly in the community and elderly in institutions.

## 2.5 Research Gap And Justificatios

Previous studies have investigated the independence of elderly individuals with hypertension in various contexts, such as differences in daily living activities among those attending health services like posyandu and those residing in institutional care. However, there is limited research comparing the level of independence in activity daily living (ADL) between elderly individuals with hypertension who live alone and those who live with family, especially in rural areas such as Sumedang. This specific living arrangement may significantly influence the level of dependence due to different social and caregiving dynamics. And justification is Considering the increasing prevalence of hypertension among the elderly and its detrimental effect on physical function and independence, it is crucial to explore how living arrangements impact ADL performance. This research is essential for providing targeted nursing interventions and policy recommendations that can enhance elderly care in both familial and individual living situations. By focusing on a local setting with high hypertension rates, such as Cimalaka Subdistrict in Sumedang, this study aims to contribute valuable insights to the development of community-based geriatric nursing care.

## 3. Methods

This study uses a comparative descriptive type. This comparative descriptive aims to examine the relationship by observing factors that are seen as comparisons or differences (Sahir, 2021). Comparative research is a study that studies one or more of these variables compared to two dissimilar samples or different times in two periods (Androh G, 2021). In this study, the focus of the research taken is the difference in the level of independence of daily living activities of elderly people with hypertension who live with family and live alone.

### 3.1 Research Participansts

The Research Participants section provides details about the individuals or subjects involved in the study, including relevant demographic information and selection criteria. It should clearly state where the research was conducted and specify the time frame in which the study took place. If applicable, ethical considerations such as informed consent and approval from an ethics committee should also be mentioned to ensure compliance with research ethics standards. Respondents in this study consisted of elderly hypertensive patients who were in the working area of the Cimalaka Health Center, precisely in Licin Village, which has the largest number of cases and meets the inclusion and exclusion criteria. The selected sample was determined based on the following inclusion and exclusion criteria:

Inclusion Criteria:

1. Elderly hypertensive patients who live with family and live alone aged 60 years and over
2. Elderly hypertensive patients who live with family and live alone who are willing to be respondents
3. Elderly with comorbidities/suffering from diseases other than hypertension

Exclusion Criteria:

1. Elderly hypertensive patients who are sick or being treated.

### 3.2 Research Procedure

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The research procedure was carried out in several stages. First, the researcher took care of the research permit to the relevant institutions, starting from the Indonesian Education University to the Sumedang Regency Health Office and the Cimalaka Health Center. After that, the researcher approached the village head and health cadres to facilitate data collection. Data collection was carried out by distributing questionnaires directly (door to door) to 85 respondents. The researcher first explained the intent and purpose of the research, then provided an informed consent sheet to be signed. After that, respondents were asked to fill out the questionnaire according to the instructions given. Data from the completed questionnaires were then collected, checked, and analyzed.

### 3.3 Instrument

In this study, the data collection method was carried out by distributing questionnaires to elderly people with hypertension who live with their families or who live alone in the Cimalaka Health Center work area. The questionnaires were distributed directly by visiting each respondent's house one by one, then the data collected will be analyzed by the researcher. The questionnaire was used as a tool to obtain data from respondents. In the initial section, the questionnaire contains patient demographic information, including respondent identity (initials), blood pressure results, residence status, age, gender, education, occupation, and duration of hypertension. The next section measures variables using the Barthel Index questionnaire which has been proven to be valid. The assessment was carried out using an ordinal scale consisting of 10 activity items, such as bathing, dressing, using the toilet, moving around, continence, and eating. Each activity was scored based on the respondent's level of independence, with the highest score range being 20 and the lowest being 0. The scores were categorized into five levels of dependence: total dependence (0-4), severe dependence (5-8), moderate dependence (9-11), light dependence (12-19) and independent (20).

### 3.4 Data Analysis

This study will use analytical statistics with univariate analysis and bivariate analysis.

#### 1. Univariate Analysis

Univariate analysis is a method that aims to explain, analyze and describe the characteristics of each variable in the study. One of the results of this analysis is to distribute the frequency and percentage of each variable Notoatmodjo, (2021). The measurement in the contents of this questionnaire uses the Barthel Index and is divided into five assessment categories, namely total dependence if the score is (0-4), severe dependence if the score is (5-8), moderate dependence if the score is (9-11), light dependence if the score is (12-19), and independent if the score is (20).

#### 2. Bivariate Analysis

Bivariate analysis is a quantitative data analysis method that helps researchers to test hypotheses between several variables that predict differences or changes. The bivariate analysis in this study is to distinguish between elderly people who live with family and live alone. Research can be said to be normal if tested with an Independent test, but if this research has non-normally distributed data, of course the Chi-Square test will be used on the ordinal scale data used in the research according to (Shafana, 2025).

## 4. Results

### a. Respondent characteristics

Respondent characteristics used in this study to provide a general description of the respondents.

Respondent characteristics include gender, education, work, duration of hypertension and residence status.

**Tabel 4. 1 Respondent characteristics**

Respondent characteristics		f	%
Gender	Male	35	41
	Female	50	59
	Total	85	100
Education	Elementary School	24	28.2
	Junio High School	21	24.7
	Senio High School	22	26
	Diploma 1	4	4.7
	Diploma 2	3	3.5
	Diploma 3	4	4.7
	Bachelor	7	8.2
	Total	85	100
Work	Laborer	6	7
	Teacher	3	3.5
	Housewife	21	25
	Trader	2	2.3
	Retired	3	3.5
	Farmer	17	20
	Entrepreneur	1	1.2
	Self-employed	2	2.3
	Doesn't Work	30	35.2
	Total	85	100
Duration of Hypertension	3-5 year	26	30.6
	5 year	59	69.4
	Total	85	100
residence status	With Family	50	59
	Alone	35	41
	Total	85	100

## Description

Based on the research results, the characteristics of the respondents in this study amounted to 85 people with the majority of respondents being women as many as 50 people, the education level of most of the respondents was elementary school, with not working being almost half of the respondents as many as 30 people, based on the duration of hypertension most respondents experienced more than 5 years with most respondents having a status of living with family more than living alone

**Tabel 4. 2 Frequency Distribution Daily Living Activity Score of Elderly People with Hypertension Living with Family**

Category <i>Activity Daily Living</i>	f	%	Mean	Std. Deviation	Min	Max
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Total Dependency	0	0	14,8	0,808	14	16
Heavy Dependency	0	0				
Moderate Dependency	0	0				
Light Dependency	50	100				
Independent	0	0				
Total	50	100				

#### Descriptions

Based on the research results, it shows that all elderly people who live with their families are in the light dependency category with a high percentage.

**Tabel 4. 3 Frequency Distribution Daily Living Activity Score of Elderly People with Hypertension Living Alone**

Category <i>Activity Daily Living</i>	f	%	Mean	Std. Deviation	Min	Max
Total Dependency	0	0	20	0	20	20
Heavy Dependency	0	0				
Moderate Dependency	0	0				
Light Dependency	0	0				
Independent	35	100				
Total	50	100				

#### Description

Based on the results of research on elderly people who live alone, all of them are in the independent category with a full percentage stating that respondents truly carry out activities independently.

**Tabel 4. 4 Results Chi-Square**

Category <i>Activity Daily Living</i>	f	%	Mean	Std. Deviation	<i>P-Value</i>	Ket
Elderly Hypertension Living with Family	50	59	16.9	2.6	0.001	H1 Accepted
Elderly Hypertension Living Alone	35	41				
Total	85	100				

#### Description

Based on the research results, it shows that the p-value is 0.001, so the hypothesis test  $H_a$  is accepted and  $H_0$  is rejected, where these results indicate that there is a significant difference between the elderly who live with family and live alone.

## 5. Discussion

Based on the results of the study, it shows that there are differences between the elderly who live with family and live alone, where respondents who live with family certainly get social, emotional, and physical support which has an impact on the elderly's ability to carry out daily living activities. Conversely, respondents who live

alone tend to carry out activities independently even though they have physical limitations and no assistance. In line with Yunia's research (2022) where elderly people with hypertension have limitations in fulfilling daily living activities because the chronic impacts arising from hypertension tend to require assistance from family or closest relatives.

The results of the characteristics of elderly respondents with hypertension, it is known that most of the respondents are female, namely 50 people, these results indicate that women suffer more from hypertension, in line with research conducted by Amalia (2021), which states that women experience more hypertension and decreased independence than men due to the biological aging process and hormonal changes. In terms of education, most respondents have education up to elementary school (SD) level as many as 24 people. Low education can affect the understanding of the elderly in managing their health conditions, including the ability to carry out daily activities independently. This is in line with the research of Sari and Mulyani (2020) which states that low education levels are related to the level of independence of the elderly, due to the low ability to understand health information and manage chronic diseases such as hypertension. In terms of employment, most respondents do not work, this illustrates that most elderly people are no longer economically productive, which is a common situation in the elderly age group where this study is in line with the research of Putri et al., (2019) which states that elderly people who do not work tend to have a higher dependence on daily activities, especially if they do not get support from their families. Most respondents are known to have suffered from hypertension for more than 5 years. This long period of suffering from hypertension can have an impact on the decline in the physical function of the elderly. The research of Wijayanti and Susanti (2020) states that the longer the elderly suffer from hypertension, the greater the likelihood of disruption to daily activities such as dressing, bathing, or eating independently. When viewed from the status of residence, as many as 50 people live with their families, while 35 people live alone. The presence of family members in the lives of the elderly plays an important role in maintaining and supporting the level of independence. This result is in contrast to the research of Lestari et al. (2022) which shows that elderly people who live with their families have better levels of ADL independence than those who live alone, due to emotional, physical and social support.

Facts found during the study showed that elderly people with hypertension have various reasons for carrying out daily living activities. Some elderly people tend to rely on help from others or their families because of physical limitations, such as decreased energy due to age, so they need help in activities such as bathing, dressing, toileting, moving, and eating. On the other hand, elderly people who live alone still try to be independent because they feel that their living needs must still be met, even though they are limited. They carry out activities with their existing abilities, and often have to stop for a moment to restore their energy before continuing.

In this regard, it can be concluded that some respondents experienced decreased independence due to decreased physical function and frequent receipt of assistance from people around them, which indirectly reduced their motivation to be independent, although some elderly people have limited mobility due to age and chronic illness, they still try to meet their daily needs independently as much as they can. Elderly people tend to adjust their activity rhythm to their physical abilities, including taking a break in the middle of an activity to restore energy, not infrequently they show an ambivalent attitude where on the one hand they feel they need to be helped because of their weakened physical condition, but on the other hand they have the spirit to be independent in order to maintain self-esteem and life habits that have been ingrained for a long time. This statement is in accordance with geriatric nursing regarding limited abilities in daily living activities such as eating, bathing, dressing, toileting, continence and moving which are common in the elderly, especially those who experience mobility disorders due to chronic diseases such as hypertension, etc. (Fitriana, R., & Yuliana, R. 2019; Nugroho, W. 2008; Sulastri, D., & Kurniawan, H. 2021; Wahyuni, S., & Marlina, L. 2020).

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In Grand Theory Virginia Henderson states that basic human needs emphasize the importance of always helping someone who is healthy or sick, to utilize their strengths, desires, and knowledge in carrying out essential daily activities, supporting recovery, or facing death calmly. Nurses play an important role in helping patients not to depend too much on others and to achieve independence at the right time (Alligood, 2017). Henderson also developed a nursing model, The Activities of Living which focuses on the role of a nurse in helping someone achieve independence as quickly as possible (Asiva N, 2023). In Henderson's theory, there are biological functions including bathing, eating, toileting, moving, continent and dressing where these activities are in line with the research taken to determine the independence of the elderly in carrying out daily living activities.

## 6. Limitations

In implementing this research, there were several limitations encountered in the field. One of them was the inability of some patients to fill out the questionnaire independently. This was caused by the patient's physical condition, such as visual impairment that made it difficult for patients to read the questions on the questionnaire. To overcome this, the researcher took the initiative to help patients by reading the questions and recording the answers spoken directly. In addition, limitations also arose when patients were not at home, and some patients had even moved house. In this situation, the researcher chose to make a repeat visit on a different day according to information from family or local neighbors. If the patient could not be reached after several visits, the researcher recorded the condition as data that could not be collected and considered replacing other respondents who met the inclusion criteria, to ensure that the number of samples was met without disrupting the validity of the data. in order to maintain comfort and ethics in conducting the research. However, these efforts were made so that the data collection process continued to run optimally without disrupting the patient's condition.

## 7. Conclusion

1. Level of independence of daily living activities of elderly with hypertension who live with family

Elderly with hypertension who live with family tend to have a low dependency category. This is due to the role of the family which, although positive, sometimes causes dependency, thus reducing the motivation of the elderly to carry out activities independently.

2. Level of independence of daily living activities of elderly with hypertension who live alone

Elderly with hypertension who live alone have an independent category because of the demands to meet needs independently without assistance, thus encouraging greater adaptation and initiative in carrying out daily activities.

3. Differences in the level of independence of daily living activities of elderly with hypertension who live with family and live alone

There is a significant difference in the level of independence of daily living activities between elderly who live with family and those who live alone, where elderly who live alone have a better level of independence. The factor of the role of the family who always helps the elderly's activities can cause dependency which is inversely proportional to the demands of independence of the elderly who live alone who must carry out activities as best they can without assistance. Therefore, an active role of nurses is needed to encourage and maintain the independence of the elderly, both those who live alone and with family, in accordance with the principles of Virginia Henderson's nursing theory.

Based on the research results and their significance to the practice and development of nursing science, here are some recommendations that can be followed up:

- 1) For Students

For students of hemorrhage, it is expected to understand the importance of elderly independence in carrying out

daily activities, especially elderly with hypertension. Students need to equip themselves with skills and interventions that focus on increasing the independence of the elderly, and be able to provide appropriate education to both the elderly and their families.

#### 2) For Health Institutions

For health institutions, health centers and hospitals, it is expected to be able to develop promotive and preventive programs that support increasing the independence of the elderly, especially those with hypertension. Routine counseling services, as well as periodic monitoring of elderly with hypertension need to be optimized in order to maintain the quality of life and reduce the dependence of the elderly on.

#### 3) For Further Researchers

For further researchers, it is recommended to examine other factors that influence the independence of the elderly, such as psychological and spiritual conditions. Research using qualitative methods or mixed methods can also provide a deeper understanding of elderly with hypertension in maintaining their independence.

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