



FAMILY NURSING CARE MANAGEMENT WITH EXCELLENT SERVICE FOR Mrs. S WITH HYPERTENSION IN BANGUN REJO VILLAGE, TANJUNG MORAWA DISTRICT, DELI SERDANG REGENCY, NORTH SUMATRA PROVINCE IN 2025

Inka Rasianca Damanik¹, Agung Punomo², Lola Br Sitepu³, Angel Gracia Avrila Hutapea⁴,
Naila Asmahirani⁵, Aqilah Desky⁶, Siti Nur Fadila⁷

1,2,3,4,5,6,7 Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan

email: 2219144068@mitrahusada.ac.id, agungpurnomo@mitrahusada.ac.id,
2219144030@mitrahusada.ac.id, 2319144002@mitrahusada.ac.id,
2419144015@mitrahusada.ac.id, 2419201004@mitrahusada.ac.id,
1919144012@mitrahusada.ac.id

ABSTRACT

Hypertension is a chronic, non-communicable disease that significantly affects global public health, contributing to high rates of morbidity and mortality. This scientific writing aims to implement family nursing care management using a service excellent approach for Mrs. S, a 46 year-old female resident of Bangun Rejo Village, Tanjung Morawa Subdistrict, Deli serdang District, North Sumatra Province, diagnosed with severe hypertension. The case study method was applied with a descriptive design, planning, implementation, and evaluation. Initial assessment revealed that Mrs. S had a blood pressure of 188/136 mmHg, along with clinical symptoms such as persistent headache, dizziness, numbness in both hands and feet, and occasional nosebleeds. For nursing diagnoses were identified : ineffective cerebral tissue perfusion, acute pain, ineffective family health management, and decreased cardiac output. Interventions focused on health education, dietary regulation, routine vital signs monitoring, stress management through relaxation techniques, and empowering the family to provide daily support and care. The outcomes showed significant improvement in the patient's clinical condition and family engagement. The family became more responsive and capable in managing the disease, including understanding medication compliance, identifying triggers, and adopting healthier lifestyles. Furthermore, the service excellent approach-centered on respect, empathy, and patient centered care helped build trust between the patient, family and healthcare provider, making the care process more effective.

Keywords: Family Nursing Care, Hypertension, Excellence Service, Nursing Management, Community Health

Introduction

One of the health development objectives in the Sustainable Development Goals (SDGs) is to reduce morbidity. Target 3.4 aims to reduce premature deaths from non-communicable diseases by one-third through prevention and treatment efforts. Non-communicable diseases, commonly (Kamelia N.D and Ariyani A.D, 2021).

referred to as NCDs, are a critical concern because they require support in prevention and control of their risk factors to promote healthy lifestyles in the community including increasing education on the importance of hypertension. Hypertension is a type of cardiovascular disorder.



This disease is classified as a non-communicable disease and is often called a silent killer because it often shows no obvious symptoms, yet it has serious consequences both in Indonesia and globally (Bare S, 2019).

The WHO notes that 63% of deaths are caused by non-communicable diseases (NCDs), higher than those caused by infectious diseases. In Indonesia, the NCD mortality rate increased from 37% in 1990 to 57% in 2015. One non-communicable disease of concern is high blood pressure, often called hypertension. (Kamelia N.D and Ariyani A.D, 2021)

Bangun Rejo Village with a population of 1861 people suffering from high blood pressure, with sufferers being found in Mr. S's family who has a family history of severe hypertension, in this case, Mrs. S, the wife of Mr. S as a research client, with the cause of hypertension being genetic factors and triggered by an unhealthy lifestyle by consuming fatty and high-salt foods with signs and symptoms namely blood pressure reaching 188/136 mmhg, complaining of headaches, numbness in the upper and lower extremities, this is confirmed by research journals (Gusmiyani Telaumbanua et al., 2025).

The government plays a crucial role in reducing the prevalence of hypertension in the community. One of the targets in the National Medium-Term Development Plan (RPJMN) is to reduce the prevalence of high blood pressure in the population aged ≥ 18 years by 33%, reaching 1.5 billion globally by 2025 and 2,893 in Indonesia by 2021. To achieve this target, the government is undertaking various initiatives, including increasing education on the importance of hypertension management and encouraging the use of traditional medicine to improve the quality

of health services and support the development of traditional self-care (Lubis et al., 2025).

One example of the government's implementation of traditional medicine is the "jamboo expo" program, which aims to introduce herbal medicines scientifically tested by the Indonesian Ministry of Health to the wider community. The government's education efforts have not been fully effective in reducing hypertension rates due to lifestyle factors that significantly contribute to high blood pressure, such as smoking, consuming salty and fatty foods, and genetic factors (Yanti N.L.G et al., 2023).

Research Method

This research uses a case method with a descriptive category, which is carried out through interview strategies and research design planning, the approach applied is a nursing care approach, including stages, assessment, diagnosis, intervention, implementation and evaluation.

The place and time of the research were conducted in Bangun Rejo Village, Tanjung Morawa Regency, Deli Serdang District, where the village has an area of 692 km² with its boundaries in the north bordering Tanjung Morawa and Dagang Kerawan, in the south bordering Lau Barus Village and in the east bordering Sei Merah and Aek Pancur, in the west bordering Bandar Lubuan and Tanjung Morawa with a population of 6,498 people. The research time used by the author in carrying out this nursing care started from Monday, March 10 to March 12, 2025.

In this research, the data processing method is carried out in two ways, namely, manually and computerized. In the data processing process, computer



applications are often used to analyze and manage data systematically.

Result

The result of the family nursing care for Mrs. S, who suffers from hypertension in Bangun Rejo, Tanjung Morawa Subdistrict, Deli Serdang Regency, was carried out from March 10th to March 12th, 2025. The data obtained from the auxiliary health center's medical records was limited to the patient's name, medical diagnosis, and home address. During the assessment, Mrs. S complained of headaches that had persisted for nearly three months. She also reported numbness in both her upper and lower extremities. According to a research journal (Fatmawati R. F *et al.*, 2022), individuals with hypertension often experience prolonged headaches accompanied by body numbness.

In the theoretical framework used during the assessment through to evaluation, the researcher applied the 2020 Professional Nursing Standards, which ensure the quality and competence of nurses in practicing professionally. The core competencies include ethics and legal standards, professional nursing practice, leadership and management, education and training, and personal development — all of which contribute to the development of professional attitudes, ensuring that Mrs. S and her family felt safe and that their privacy was protected (Surapto. S and Karsa P.S, 2023).

However, during the research, the researcher did not have the authority to establish diagnoses or make treatment plans, but was able to provide education and recommend that Mrs. S undergo further medical examinations in accordance with Ministry of Health Regulation No. 26 of 2019. This approach aligns with the vision of STIKes Mitra Husada Medan as a

provider of excellent science and technology development, and with its mission of delivering family nursing care based on service excellence toward Asia 2030 (Sianturi W.A, 2021).

The writer conducted a home visit to meet directly with the patient and other family members in order to carry out the assessment process based on the established family nursing care format. During the assessment, there were no significant obstacles, and all necessary data was obtained clearly, as the family was cooperative.

Based on the theory from Sianturi (Sianturi W.A, 2021), there are four common nursing diagnoses that frequently appear in patients with hypertension: decreased cardiac output, risk of ineffective cerebral perfusion, acute pain, and risk of bleeding. However, in the case of Mrs. S, four nursing diagnoses were identified during the assessment, interview, and observation processes, as follows:

1. **Acute pain** related to the family's inability to care for a sick member, as evidenced by the patient complaining of dizziness and showing a grimacing facial expression with a pain scale of 7.
2. **Knowledge deficit** related to the family's ability to recognize health problems, as evidenced by Mrs. S and her family appearing confused when asked to explain about complications and their prevention.
3. **Ineffective family health management** related to the family's ability to recognize health problems (Sianturi W.A, 2021).

The step following the determination of the patient's nursing diagnoses is intervention, which involves carrying out a family nursing care plan after identifying the priority problems of the patient. The



planning conducted by the writer is based on the Indonesian Nursing Intervention Standards, as follows (Seniwati I *et al.*, 2022):

1. **Acute pain** related to the family's inability to care for a sick member, as evidenced by the patient complaining of dizziness and grimacing, with a pain scale of 7.
Interventions provided:
Identifying the location, characteristics, duration, frequency, quality, and intensity of the pain; identifying the pain scale; recognizing non-verbal responses; and monitoring any complementary therapies that have been administered.
2. **Knowledge deficit** related to the family's ability to recognize health problems, as evidenced by Mrs. S and her family appearing confused when asked to explain about hypertension complications and their prevention.
Interventions provided:
Conducting counseling and providing education on hypertension to the patient using a teaching plan (SAP) and leaflet.
3. **Ineffective family health management** related to the family's ability to recognize health problems.

Interventions provided:

Identifying emotional responses to the condition, identifying understanding of nursing decisions after discharge, and identifying.

Implementation was carried out over three days based on the Indonesian Nursing Intervention Standards to help address the problems faced by Mrs. S's family in achieving recovery goals. Evaluation is the final step of nursing care, conducted to assess the success or failure of the interventions. Out of the three nursing diagnoses for Mrs. S, two were resolved, while one will be followed up by local health services (Samulung N *et al.*, 2021).

1. **Acute pain** related to the family's inability to care for a sick member, evidenced by the patient grimacing with a pain scale of 7. *Unresolved*, as the patient's blood pressure remained unstable.
2. **Knowledge deficit** related to the family's ability to recognize health problems, evidenced by confusion when asked about hypertension complications and prevention. *Resolved*.
3. **Ineffective family health management** related to limited understanding of health problems. *Resolved*, as the family is now able to care for the patient and make health-related decision.



Discussion

The head of the family, Mr. S, is 48 years old and lives in Dusun VI, Mandiri Housing, Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency. He is self-employed and completed high school education. The family consists of three members: husband, wife, and one child. They are of Javanese ethnicity and practice Islam. Socially and religiously, the family is considered well-supported. Their recreational activities are simple but meaningful, strengthening family bonds. The family is in the stage of families with school-age children. Regarding health history, Mrs. S reported having hypertension with symptoms of headaches, dizziness, fatigue, body aches, and numbness in the hands and feet. She also stated that both of her parents had a history of hypertension (Putri R.S.M and Mazarina H, 2022).

Mrs. S's house is located at the end of Mandiri housing and consists of five rooms: a living room, two bedrooms, one bathroom, and a kitchen. The house has good ventilation, as each room has a window. Lighting is adequate with sufficient lamps. The family uses clean water from a well for cooking and washing. Cooking is done using clean water and covered utensils. Toilet waste is disposed of via a septic tank located more than 10 meters away. Household garbage is usually burned (Putri N.G, Herawati Y.T and Ramani A, 2019).

In Mrs. S's family, each member has clear roles. Mr. S, the head of the family, works as a self-employed worker and helps with household tasks. Mrs. S manages the home and also earns income from her food stall. When she's unavailable, their eldest child, I, takes over household duties with help from younger siblings, M and A, who are obedient and

supportive. Family Values The family upholds Islamic values—praying at the mosque, attending daily religious studies, and teaching Javanese traditions. Communication & Strength They use open discussion to resolve issues. Mr. S is the main decision-maker, fully supported by his wife and children (Fazri N.A et al., 2023).

During the general assessment, the patient appeared weak and was grimacing while holding her head, though she remained fully conscious (compos mentis). Vital signs showed elevated blood pressure at 188/136 mmHg, a respiratory rate of 22 breaths per minute, heart rate of 110 bpm, body temperature at 36.5°C, and a pain scale of 7. On physical examination, the patient's hair was black, clean, and without any lumps. The tongue appeared reddish, and the lips and oral mucosa were moist. The nose showed no signs of nasal flaring, tenderness, or blockage (Donsu R. A, Ramoengen S.H and Poli N, 2020).

The eyes were symmetrical, with reddened conjunctiva but no inflammation. Both ears were clean, symmetrical, and functioning well. The neck showed no difficulty in swallowing, with a good swallowing reflex, no jugular vein distention, and no thyroid enlargement. The chest was symmetrical with normal vesicular breath sounds. The abdomen was soft, with no tenderness, masses, or lesions detected. In the upper extremities, numbness was reported in both hands, though there was no swelling, and the skin appeared medium brown. The lower extremities were symmetrical, without edema, though the patient complained of soreness in both legs, and there were no visible wounds (Larwuy and Azizah, 2022).



Conclusion and Suggestion

Based on the family nursing care provided to Mrs. S, who suffers from hypertension in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency, the study concludes the following:

1. The assessment stage is crucial in identifying health problems. The writer conducted a thorough assessment and found that the family lacked knowledge about hypertension and its care, although they were cooperative and open during the process.
2. Based on the collected data, problems were identified using the PES format and prioritized. The main issues included knowledge deficit, ineffective family health management, and acute pain.
3. A care plan was developed, including education on hypertension complications, prevention, family health care, and heart-healthy diet.
4. Implementation was carried out according to the plan.
5. Evaluation showed improvement in knowledge and family health management, while acute pain care continued under local health services.
6. Documentation of Mrs. S's family nursing care was completed systematically and comprehensively in a scientific report.

Contains answers to research objectives. Suggestions are operational in nature. Suggestions can be in the form of implications for programs and further research that needs to be done in relation to the research findings or conclusions of the author.

1. For the Institution
It is hoped that this case study can broaden the understanding of family nursing care and serve as a reference for delivering and explaining family nursing care in an optimal and focused manner.
2. For the Research Site
The results of this study are expected to serve as a reference and guideline for further assessments of family nursing care involving family members with hypertension.
3. For the Family
It is expected that the family or patient will gain a better understanding of hypertension and be able to adopt a healthy lifestyle in their daily lives and surrounding environment.

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