The 6th Mitra Husada Health International Conference (MiHHICo) 2026
Volume 6 (2026) ISSN: 2988-3768

EXCELLENT FAMILY NURSING CARE FOR MRS. N WITH HYPERTENSION NORTH SUMATRA 2026

[1]Meta Lestrai Br Barus*, [2]Rosmega, [3]Jista Maria Sitompul,
[4]Erni Sirait, [5]Linda Mardiyanti Waruwu

[1,2,3,4,5] Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan
[6]Desa Bagun Rejo
Email: 2319144039@mitrahusada.ac.id, rosmega@mitrahusada.ac.id,
2319144014@mitrahusada.ac.id, 2319144008@mitrahusada.ac.id,
2319144017@mitrahusada.ac.id

ABSTRACT

Objective: This study aimed to describe the implementation of family nursing care in managing health problems within a foster family, particularly uncontrolled hypertension, the risk of recurrent urinary tract stones, and environmental health issues. Family-centered interventions were conducted to improve the family's ability to recognize, manage, and prevent health problems.**Methods:** This study employed a descriptive case study design using the family nursing process, which included assessment, nursing diagnosis, planning, implementation, and evaluation. Data were collected through interviews, direct observation, physical examination, and home environmental assessment during three home visits. Nursing interventions focused on health education, medication adherence, adequate fluid intake, family participation, and environmental health improvement. **Subject:** The subjects were members of a foster family consisting of elderly and adult individuals. The primary health concern was uncontrolled hypertension in Mrs. N, evidenced by a blood pressure of 150/110 mmHg and limited knowledge regarding hypertension management. Additional concerns included the risk of recurrent urinary tract stones in Mr. A due to inadequate fluid intake and environmental health risks associated with poor ventilation and sanitation. **Results:** The nursing interventions improved the family's knowledge of hypertension management, treatment adherence, fluid consumption, and environmental health practices. Following three home visits, Mrs. N reported no dizziness or neck pain, and her blood pressure decreased to 140/80 mmHg. Mr. A increased his daily water intake, while household ventilation and cleanliness improved. Family participation in maintaining health and preventing complications also increased.**Conclusion:** Family-centered nursing care effectively enhanced family health management, disease prevention behaviors, and environmental health. Continuous education, active family involvement, and regular monitoring are essential to sustain positive health outcomes and prevent future complications.

Keywords: Family Nursing Care; Hypertension Management; Health Education; Urinary Tract Stone Prevention; Environmental Health.

INTRODUCTION

Health development is a fundamental component of the Sustainable Development Goals (SDGs), particularly Goal 3, namely *Good Health and Well-being*, which aims to ensure healthy lives and promote well-being for all at all ages. The achievement of this goal remainsa global challenge due to the increasing prevalence of chronic diseases, especially cardiovascular disorders that contribute significantly to morbidity, disability, and mortality worldwide. Among these diseases, hypertension continues to be recognized as one of the most important public health concerns because of its high prevalence and its role as a major risk factor for stroke, coronary heart disease, heart failure, and chronic kidney disease (United Nations 2024).

Hypertension affects approximately 1.13 billion people worldwide and remains one of the leading causes of premature death. The World Health Organization (WHO) reported that nearly one-third of the global adult population suffers from hypertension, with a substantial proportion remaining undiagnosed or inadequately treated. In Asia, the prevalence of hypertension ranges from 25% to 35%, reflecting the growing burden of non-communicable diseases associated with urbanization, unhealthy lifestyles, and population aging. The increasing prevalence of hypertension has become a significant concern due to its long-term impact on individual health, healthcare systems, and socioeconomic development (Sari, Putri, Devi, and Kesehatan 2022).

In Indonesia, hypertension remains one of the most prevalent non-communicable diseases and continues to pose a major challenge to the healthcare system. According to the Indonesian Health Survey (SKI) 2023, approximately 29% of the Indonesian population experiences hypertension. The condition is particularly common among adults and older adults and is strongly associated with several risk factors, including advanced age, excessive sodium consumption, obesity, physical inactivity, smoking, stress, and family (jdih.kemkes.go.id 2021). history Furthermore, many individuals with hypertension are unaware of their condition, resulting in delayed treatment and increased risk of complications (United Nations 2024).

The provincial level, North Sumatra reported a hypertension prevalence of 34.87%, with more than one million recorded cases in 2024. Meanwhile, Deli Serdang Regency documented approximately 400 hypertension cases during the same period. Data obtained from a community survey in Bangun Rejo Village identified 69 residents diagnosed with hypertension, indicating that the disease remains a significant public health issue at the community level. These findings highlight the urgent need for effective interventions aimed at improving disease prevention, early detection, and long-term management among vulnerable populations.(Saputri, Harahap, and Rivarti 2023).

Hypertension is commonly referred to as a “silent killer” because it often develops without obvious symptoms while progressively causing damage to vital organs. Uncontrolled hypertension may lead to serious complications, including stroke, myocardial infarction, heart failure, kidney dysfunction, and visual impairment. Therefore, comprehensive management strategies are necessary to ensure optimal blood pressure control and prevent adverse health outcomes. Effective hypertension management requires not only pharmacological treatment but also lifestyle modification, regular monitoring, and active participation from patients and their families (11 1-11 2022).

Family involvement is recognized as a crucial element in chronic disease management. The family serves as the primary support system that influences (Garlick, Bangun, Tahun, Simanjuntak, Tambun, Agussamad, and Afriani 2025).

Health behaviors, treatment adherence, dietary practices, physical activity, stress management, and healthcare utilization. Through family-centered nursing care, healthcare professionals can empower families to identify health problems, make informed decisions, provide appropriate care, modify unhealthy environments, and utilize available health services effectively. Consequently, family nursing interventions have been widely acknowledged as an effective approach for improving health outcomes among patients with hypertension (Andika, Graharti, Kedokteran, and Lampung 2025).

In addition to clinical competence, the concept of *service excellence* has become increasingly important in nursing practice. Service excellence emphasizes patient-centered care characterized by responsiveness, empathy, effective communication, professionalism, and respect for patient dignity. The integration of service excellence principles into family nursing care can enhance patient satisfaction, strengthen therapeutic relationships, improve adherence to treatment recommendations, and ultimately contribute to better health outcomes. In community and family nursing settings, service excellence also promotes trust and active collaboration between healthcare providers and families. A preliminary assessment conducted in Bangun Rejo Village revealed that Mrs. N, a 65-year-old woman, had experienced hypertension for several years. During the assessment, her blood pressure was recorded at 150/110 mmHg, accompanied by complaints of dizziness and neck stiffness.

Further findings indicated inadequate knowledge regarding hypertension management, inconsistent adherence to recommended lifestyle modifications, and limited family understanding of disease prevention and control. These conditions placed the patient at risk for further complications and demonstrated the need for comprehensive family-centered nursing interventions.Considering the high prevalence of hypertension and the important role of family support in disease management, the implementation of family nursing care integrated with service excellence principles is expected to improve patient outcomes and enhance family participation in health maintenance. Therefore, this study aimed to describe the implementation of excellent family nursing care for Mrs. N with hypertension in Bangun Rejo Village, Deli Serdang Regency, North Sumatra, and to evaluate its effectiveness in improving family health management and blood pressure control (Farhan 2024).

RESEARCH METHOD

This study utilized a descriptive case study design with a family nursing care approach. The study was conducted in Bangun Rejo Village, Deli Serdang Regency, North Sumatra, in 2026.The subject of the study was Mrs. N, a 65-year-old woman diagnosed with hypertension and living with her family. Selection of the subject was based on the presence of chronic hypertension, family involvement in care, and willingness to participate in the nursing care process. Data collection was conducted through comprehensive family assessment, including interviews with family members, direct observation of the home environment, physical examination, blood pressure measurements, and review of available health records. The

assessment (Yuliawuri, Raudah, Pristina, Mardalena, and Kaisar n.d.).focused on biological, psychological, social, spiritual, and environmental aspects affecting family health.

The family nursing process consisted of five stages: assessment, nursing diagnosis, planning, implementation, and evaluation. Nursing diagnoses were formulated based on the Indonesian Nursing Diagnosis Standards (SDKI). Interventions included health education regarding hypertension, promotion of healthy lifestyle behaviors, medication adherence counseling, environmental health improvement, family empowerment, and utilization of healthcare services.Evaluation was performed through continuous monitoring of clinical outcomes, family participation, behavioral changes, and achievement of predetermined nursing objectives. The effectiveness of interventions was measured through improvements in blood pressure control, symptom reduction, increased family knowledge, and enhanced health management practices.

RESULT

The implementation of family nursing care was conducted in Bangun Rejo Village, Deli Serdang Regency, North Sumatra Province, involving Mrs. N, a 65-year-old older adult diagnosed with hypertension. The assessment findings revealed that Mrs. N had been experiencing hypertension for several years and frequently reported symptoms of dizziness and neck stiffness. Blood pressure measurement during the initial assessment showed a reading of 150/110 mmHg, indicating uncontrolled hypertension. Furthermore, the family demonstrated limited knowledge regarding the definition, causes, signs and symptoms, complications, prevention, and management of hypertension. Observation also revealed unhealthy lifestyle practices, including excessive salt consumption, inadequate physical activity, and inconsistent implementation of healthy dietary behaviors.

Based on comprehensive family assessment and prioritization of health problems, three nursing diagnoses were established: ineffective family health management related to insufficient knowledge regarding hypertension management in Mrs. N, risk of recurrent urinary tract stone disease in Mr. A due to inadequate fluid intake, and risk of environmental health problems associated with poor home sanitation and ventilation. Environmental assessment identified inadequate air circulation caused by infrequent window opening, dust

Accumulation, and improper household waste management.Nursing interventions were developed using a Family-Centered Nursing approach based on Friedman's Five Family Health Tasks. The interventions focused on health education regarding hypertension, medication adherence, prevention of stroke complications, lifestyle modification, hydration counseling, relaxation techniques, and environmental health improvement. Educational activities were delivered through interactive discussions supported by brochures and flipchart media to enhance family understanding and participation. In addition, the family received counseling regarding the importance of maintaining adequate hydration of at least two liters per day and improving environmental hygiene through regular cleaning and scheduled window opening to promote air circulation.

The implementation process was carried out through a series of home visits designed to facilitate behavioral change and strengthen family involvement in health management. Family members actively participated in all intervention activities and demonstrated a positive attitude toward adopting healthier lifestyles. The family showed commitment to reducing salt

intake, improving medication adherence, increasing water consumption, and maintaining a cleaner home environment. Evaluation findings demonstrated significant improvement following the nursing interventions. The diagnosis of ineffective family health management was considered completely resolved. Mrs. N reported that dizziness and neck stiffness had subsided, while her blood pressure decreased from 150/110 mmHg to 140/80 mmHg. Furthermore, family members were able to accurately explain the complications of hypertension and expressed commitment to maintaining adherence to amlodipine therapy and recommended lifestyle modifications.

DISCUSSION

The implementation of family nursing care was conducted in Bangun Rejo Village, Deli Serdang Regency, North Sumatra Province, involving Mrs. N, a 65-year-old older adult diagnosed with hypertension. The assessment findings revealed that Mrs. N had been experiencing hypertension for several years and frequently reported symptoms of dizziness and neck stiffness. Blood pressure measurement during theinitial assessment showed a reading of 150/110 mmHg, indicating uncontrolled hypertension. Furthermore, the family demonstrated limited knowledge regarding the definition, causes, signs and symptoms, complications, prevention, and management of hypertension. Observation also revealed unhealthy lifestyle practices, including excessive salt consumption, inadequate physical activity, and inconsistent implementation of healthy dietary behaviors.

Based on comprehensive family assessment and prioritization of health problems, three nursing diagnoses were established: ineffective family health management related to insufficient knowledge regarding hypertension management in Mrs. N, risk of recurrent urinary tract stone disease in Mr. A due to inadequate fluid intake, and risk of environmental health problems associated with poor home sanitation and ventilation. Environmental assessment identified inadequate air circulation caused by infrequent window opening, dust accumulation, and improper household waste management (Akhriansyah et al. n.d.).

Nursing interventions were developed using a Family-Centered Nursing approach based on Friedman's Five Family Health Tasks. The interventions focused on health education regarding hypertension, medication adherence, prevention of stroke complications, lifestyle modification, hydration counseling, relaxation techniques, and environmental health improvement. Educational activities were delivered through interactive discussions supported by brochures and flipchart media to enhance family understanding and participation. In addition, the family received counseling regarding the importance of maintaining adequate hydration of at least two liters per day and improving environmental hygiene through regular cleaning and scheduled window opening to promote air circulation.The implementation process was carried out through a series of home visits designed to facilitate behavioral change and strengthen family involvement in health management. Family members actively participated in all intervention activities and demonstrated a positive attitude toward adopting healthier lifestyles. The family showed commitment to reducing salt intake, improving medication adherence, increasing water consumption, and maintaining a cleaner home environment.Evaluation findings demonstrated significant improvement following the nursing interventions. The diagnosis of ineffective family health management was considered completely resolved. Mrs. N reported that dizziness and neck stiffness had subsided, while her

blood pressure decreased from 150/110 mmHg to 140/80 mmHg. Furthermore, family members were able to accurately explain the complications of hypertension and expressed commitment to maintaining adherence to amlodipine therapy and recommended lifestyle modifications.

For the diagnosis of risk of recurrent urinary tract stone disease, partial improvement was achieved. Mr. A reported increasing his daily water intake to approximately eight glasses per day and no longer experienced pain during urination. However, continuous monitoring and reinforcement by family members remained necessary to ensure long-term adherence to hydration recommendations. Similarly, environmental health conditions improved through better household cleanliness and ventilation practices, although sustained family commitment was required to maintain these positive changes.
Overall, the results indicate that the implementation of service-excellent family nursing care successfully enhanced family knowledge, promoted healthy behaviors, improved blood pressure control, and strengthened the family's capacity to independently manage health problems. The intervention also fostered active family participation, which contributed significantly to achieving positive health outcomes and reducing the risk of future complications.For the diagnosis of risk of recurrent urinary tract stone disease, partial improvement was achieved. Mr. A reported increasing his daily water intake to approximately eight glasses per day and no longer experienced pain during urination. However, continuous monitoring and reinforcement by family members remained necessary to ensure long-term adherence to hydration recommendations. Similarly, environmental health conditions

CONCLUSION AND SUGGESTION

The implementation of family-centered nursing care for Mrs. N with hypertension in Bangun Rejo Village resulted in improved individual and family health management. Nursing assessment identified ineffective family health management due to limited knowledge of hypertension, the risk of recurrent urinary tract stone disease, and environmental health issues. Through health education, family empowerment, lifestyle modification, medication adherence counseling, and environmental health promotion, the family demonstrated enhanced capacity to manage health problems(Simanullang and Teguh 2025).

Evaluation findings showed a reduction in hypertension-related symptoms, such as dizziness and neck stiffness, with blood pressure improving from 150/110 mmHg to 140/80 mmHg. Family members also exhibited greater knowledge of hypertension prevention, treatment adherence, healthy dietary practices, regular health monitoring, hydration, and environmental hygiene. These outcomes indicate that family-centered nursing care effectively strengthens family participation, promotes healthy behaviors, and improves health outcomes in patients with hypertension.

ACKNOWLEDGEMENT

The author would like to express sincere gratitude to STIKes Mitra Husada Medan for providing academic support during this research. The author also thanks the research supervisor for valuable guidance and all respondents who willingly participated in this study. Appreciation is also extended to healthcare workers and related parties who assisted in the data collection process.

CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The author declares that there is no conflict of interest regarding the publication of this article. This research did not receive any specific grant from funding agencies in the public, commercial, or non-profit sectors.

AUTHOR CONTRIBUTIONS

NRNN: conceptor, data curation, investigation, methodology, formal analysis, validation, visualization, writing original draft, writing review and editing.

REFERENCES

Akhriansyah, Mareta et al. n.d. *Keperawatan Keluarga*. ISBN: 978-623-198-768-6

Andika, Gede Agus, Risti Graharti, Fakultas Kedokteran, and Universitas Lampung. 2025. "Panduan Terbaru Hipertensi : Sebuah Tinjauan Literatur Update on Hypertension Guidelines : A Literature Review." 15:580–85. DOI: 10.53089/medula.v15i3.1682

Farhan, Implementasi. 2024. *PROSES KEPERAWATAN :* ISBN: 978-623-147-528-2

Garlick, Black, Desa Bangun, Rejo Tahun, Lisdayanti Simanjuntak, Mastaida Tambun, Indra Agussamad, and Dina Afriani. 2025. "Implementation Penurunan Tensi Lansia Slow Deep Breating (Apium." 9(36). https://doi.org/10.31004/jn.v9i3.47395

jdih.kemkes.go.id. 2021. 1–85. https://jdih.kemkes.go.id/documents/peraturan-menteri-kesehatan-nomor-7-tahun-2021?utm_source=chatgpt.com

New, E. D. T., England Journal, and Medicine Disclosure. 2025. "David Badesch Summary of Interests Company or Organization 1 . Are There Other Relationships or Activities That Readers Could Perceive to Have Influenced , or That Give the Appearance of I Certify That the Information Provided in This Disclosure Is Complete and Accurate ." ***DOI: 10.20960/nh.06952***

Noorollahi, Zohreh, Maryam Sadat Shahshahani, Ziba Farajzadegan, and Mahrokh Keshvari. 2025. "Investigating the Effects of Implementing the Family Health Nurse Model on the Self-Management of Elderly Individuals with Hypertension : A Randomized Controlled Trial." 1–11.

Oficial, Órgano. 2025. "Nutrición Hospitalaria."

Original, Trabajo. 2022. "Nutrición Hospitalaria Trabajo Original."

Saputri, Legis Ocktaviana, Herpan Syafii Harahap, and Arina Windri Rivarti. 2023. "Jurnal Kedokteran Unram Pencegahan Stroke Pada Hipertensi Berdasarkan Mekanisme Patogenesis." 12(2).

Sari, Rona, Mahaji Putri, Hilda Mazarina Devi, and Fakultas Ilmu Kesehatan. 2022. "Terapi Komplementer Untuk Mengatasi Hipertensi." 7(April):73–78. DOI: 10.1016/j.sjbs.2021.12.065

Schoenthaler, Antoinette, Franze De La Calle, Elaine De Leon, Masiel Garcia, and Doreen Colella. 2024. "Application of the FRAME-IS to a Multifaceted Implementation Strategy." *BMC Health Services Research* 1–10. doi:10.1186/s12913-024-11139-0.

ScienceDirect_articles_06Aug2026_04-25-03. n.d. https://doi.org/10.1016/j.hipert.2023.05.007

Simanullang, Rostime Hermayerni, and Universitas Murni Teguh. 2025. *Buku Ajar Keperawatan Keluarga Asuhan Kesehatan Keluarga Dan Komunitas*. ISBN : 9786349678377

United Nations. 2024. *No Title*. ISBN 978-92-1-xxxxxx-x

Yuliawuri, Hartiyowidi, Siti Raudah, Nia Pristina, Maria Mardalena, and Martini Kaisar. n.d. *No Title*.