



## THE RELATIONSHIP BETWEEN SELF-EFFICACY AND SELF-CARE MANAGEMENT IN HYPERTENSIVE PATIENTS WITH COMORBIDITIES

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### ABSTRACT

This study aims to examine the relationship between self-efficacy and self-care management in individuals with hypertension and comorbid diabetes mellitus at the Kartasura Health Center. This research uses a quantitative approach with a correlational design. The study population consists of individuals with hypertension and comorbid diabetes mellitus registered at the Kartasura Health Center, totaling approximately 470 people. A sample of 88 respondents was selected using purposive sampling. Data were collected through a questionnaire measuring self-efficacy and self-care management, which had been tested for validity and reliability (Cronbach's Alpha > 0.60). The normality test showed a normal distribution with a significance value > 0.05 based on the Kolmogorov-Smirnov test. Data analysis was conducted using Pearson correlation tests with the help of SPSS software. The results indicate a significant correlation between self-efficacy and self-care management in individuals with hypertension and comorbid diabetes mellitus. Those with higher levels of self-efficacy tend to be more adherent to medication and better manage their health conditions, contributing to more stable blood pressure control. This study concludes that self-efficacy significantly influences self-care management in individuals with hypertension and comorbid diabetes mellitus.

Keywords: comorbidities; hypertension; self-care management; self-efficacy

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## INTRODUCTION

Hypertension, often referred to as high blood pressure, has become a significant public health issue in Indonesia, steadily increasing in prevalence over the years. According to the Ministry of Health of the Republic of Indonesia, hypertension is one of the most commonly diagnosed non-communicable diseases, affecting individuals of all ages, including both the elderly and young adults. It is known as the silent killer because it often progresses without noticeable symptoms, gradually causing damage to vital organs like the heart, kidneys, or brain. Early detection and proper management are essential to prevent severe complications. In the Kartasura Public Health Center area, the incidence of hypertension has continued to rise each year, underscoring the need for effective self-care management strategies to improve patients' quality of life and reduce health deterioration (Putri & Maliya, 2021).

A major challenge for hypertension patients is maintaining consistent adherence to recommended self-care behaviors. Effective self-care involves lifestyle changes such as maintaining a balanced diet, engaging in regular physical activity, monitoring blood pressure regularly, and adhering to prescribed medication regimens. Despite various health education programs at Kartasura Public Health Center, many patients still struggle to consistently follow these practices. This highlights that while external interventions play a role, intrinsic factors like self-efficacy patients' belief in their ability to manage their health are also crucial for successful outcomes. Patients with a stronger sense of self-efficacy are generally more likely to engage in behaviors that promote better health (Devi et al., 2024).

Self-efficacy is a critical component in self-care management. It refers to an individual's belief in their ability to execute the actions required to achieve a specific goal. In the case of hypertension, self-efficacy influences a patient's willingness to adhere to lifestyle modifications and treatment regimens. High self-efficacy in hypertension patients correlates with better adherence to dietary restrictions, regular exercise, and consistent blood pressure monitoring. Patients with lower self-efficacy are more likely to struggle with maintaining these practices, making it essential for healthcare providers to foster and support self-efficacy through targeted interventions (Lestari & Isnaini, 2018).

Research by Purba (2019) underscores the role of self-efficacy in managing hypertension. The study, titled *The Effect of Self-Management Support on Self-Efficacy and Self-Care Behavior of Hypertension Patients at Dinoyo Health Center Malang*, shows a significant relationship between self-efficacy and self-care behaviors. While this study focused on patients without comorbidities, the current study at Kartasura Public Health Center places a special emphasis on patients with comorbid conditions like hypertension and diabetes. Managing two chronic conditions simultaneously can complicate self-care, requiring tailored strategies that address the additional burden of comorbidities (Pramita, 2021).

The relationship between self-efficacy and chronic disease management is profound. Patients with high self-efficacy tend to be more confident in making and sustaining healthy lifestyle changes. They are more likely to resist unhealthy foods, stay committed to exercise programs, and adhere to complex medication regimens. Conversely, patients with low self-efficacy may doubt their ability to manage their health, leading to poor adherence to treatments and lifestyle changes. This can ultimately result in worsened health outcomes and an increased risk of complications associated with hypertension (Retnoningtyastuti et al., 2022).

Conducted a study that explored self-care management practices among hypertension patients in Drono Village, Klaten Regency. While their research focused on patients without comorbidities, it provides valuable insight into self-care practices in a rural setting. In contrast, the current study in Kartasura examines hypertension patients who also suffer from diabetes mellitus, offering a more complex perspective. This study adds value by highlighting the challenges faced by individuals managing multiple chronic conditions and the importance of tailored interventions that consider both hypertension and diabetes management (Fadhila & Kristinawati, 2019).

As the number of patients with both hypertension and diabetes mellitus increases at Kartasura Public Health Center, there is an urgent need for more effective management strategies. Patients with these comorbid conditions often report feeling less confident in managing their health independently. The healthcare center's role is not only to provide treatment but also to empower patients through health education and preventive care. This study highlights how self-efficacy affects the quality of life in hypertension patients. By focusing on patients with comorbidities, this research offers a more comprehensive understanding of how self-efficacy influences self-care practices and overall health outcomes. The aim of this study is to determine the impact of self-efficacy on self-care management in patients with hypertension and diabetes mellitus comorbidities at Kartasura Public Health Center, and to explore how patients' confidence in managing their health influences their self-care habits and the effects on hypertension and diabetes mellitus management outcomes (Mauliddiyah, 2021).

## **METHOD**

This study employed a quantitative approach with an observational analytic design and a cross-sectional framework to analyze the relationship between self-efficacy (independent

variable) and self-care management (dependent variable) among patients with hypertension. The research was conducted at Kartasura Public Health Center, Kartasura Subdistrict, Sukoharjo Regency, from March to April 2025. In this design, all variables were observed simultaneously to provide a clear picture of their relationship. The study population consisted of elderly individuals with hypertension and comorbid diabetes mellitus registered at the health center, estimated at around 470 people based on 2024–2025 data. Emphasizes that this approach allows researchers to assess the variables in their natural setting and draw meaningful interpretations from the data (Dianti, 2017).

The sample size was determined using the Slovin formula to ensure representativeness, with inclusion criteria of respondents aged 18–59 years, diagnosed with both hypertension and diabetes mellitus for at least six months, and willing to participate. Exclusion criteria applied to those with complications or those unwilling to complete the study. A total of 88 respondents were selected, with an additional 5% added to anticipate potential dropouts. The sampling technique used was purposive sampling to ensure diverse characteristics among the selected hypertensive patients.

Data were collected using validated questionnaires: the General Self-Efficacy Scale (GSES) to measure self-efficacy and the Hypertension Self-Care Activity Level Effects (H-SCALE) to assess self-care management. The collected data underwent editing, coding, transferring, and tabulating before statistical analysis. Prior to use, the questionnaires were tested for validity and showed valid results, with good reliability, as indicated by a Cronbach's Alpha value greater than 0.60. Data analysis using, Univariate analysis was performed to describe frequency distributions, means, medians, and standard deviations, followed by bivariate analysis to examine the relationship between variables. Based on the normality test results, Pearson correlation test was applied. These statistical methods ensure that the research findings are robust and allow for valid data interpretation. This research method is expected to produce consistent and reliable findings, which can be replicated by future researchers (Dianti, 2017).

## **RESULT**

This research was conducted at the Kartasura Health Center with 88 respondents selected based on the medical records of hypertension patients. Data was collected through questionnaires to measure Self-Efficacy and Self-Care Management, which included beliefs managing disease as well as actions such as maintaining diet, taking medication, and controlling blood pressure. This study aims to determine the relationship between self-efficacy and the ability to take care of themselves in patients with hypertension with comorbidities, because these conditions strengthen the urgency of self-management.

Based on the analysis of the characteristics of 88 respondents with hypertension and comorbidities in the working area of the Kartasura Health Center, it was found that hypertension no longer affects only the elderly but also younger and productive age groups, particularly those aged 18–30. The majority of respondents were women, who tend to be more proactive in seeking medical care and more responsive to symptoms. Most respondents had a senior high school/vocational level of education, indicating the need for health education using simple and communicative language. A large portion of the respondents were self-employed, a profession often associated with irregular lifestyles. In terms of the duration of hypertension, there were both newly diagnosed and mid-stage patients, requiring different management approaches. Most respondents were in stage 1 hypertension, highlighting the importance of secondary prevention through lifestyle modification and treatment adherence to prevent further complications.

Table 1.  
Demographic Characteristics of Respondents (n=88)

Characteristics	f	%
Age		
18 - 30 Year	31	35.2
31 - 45 Year	28	31.8
45 - 60 Year	29	33.0
Gender		
Male	38	43.2
Famale	50	56.8
Education		
Not School	4	4.5
Elementary School	19	21.6
Junior High School	14	15.9
Senior High School	29	33.0
Diploma/Bachelor	22	25.0
Work		
Not Working/Housewife	18	20.5
Private	23	26.1
Self-employed	29	33.0
Farmer	14	15.9
Civil Servants	4	4.5
Long Suffering from Hypertension		
< 1 Year	23	26.1
1 - 3 Year	22	25.0
4 - 6 Year	23	26.1
> 6 Year	20	22.7
Severity		
Degree 1	39	44.3
Degree 2	21	23.9
Degree 3	28	31.8

Table 2.  
Descriptive analysis based on self-efficacy

Self-Efficacy	Frequency (N)	Percentage (%)
Satisfied	42	47.7
Dissatisfied	46	52.3

Based on the results of the descriptive analysis of the self-efficacy variables, it was found that out of a total of 88 respondents, as many as 46 respondents or 52.3% stated dissatisfaction, while 42 respondents or 47.7% stated satisfaction. This shows that the majority of respondents feel that their self-efficacy has not been able to meet expectations or needs in the context studied. These findings indicate a tendency to have low individual confidence or confidence in completing a task or achieving a certain goal. A higher percentage in the dissatisfaction category is an important concern, as self-efficacy is a factor that can affect motivation, performance, and decision-making. Low levels of satisfaction with self-efficacy can be an indicator of the need for intervention or training to increase an individual's confidence in his or her abilities.

Table 3.  
Descriptive analysis based on self-care management

Self-Care Management	f	%
Good	45	51.1
bad	43	48.9

Based on the results of a descriptive analysis of the self-care management variables, it can be seen that of the 88 respondents, as many as 45 respondents or 51.1% were in the good category, while 43 respondents or 48.9% were in the bad category. The slim gap between the two categories shows that nearly half of the respondents do not yet have optimal self-care management skills. These findings indicate that although the majority of respondents have been able to manage their self-care quite well, the proportion of respondents with poor self-care management is still quite significant. This condition can reflect a gap in understanding, habits, or access to information and support related to self-care, so there is a need for a more intensive approach in educating and fostering healthy behaviors independently.

Based on the results of the Kolmogorov-Smirnov One-Sample normality test, a significance value of 0.615 was obtained for the self-efficacy score and 0.614 for the self-management score. Since both values are greater than 0.05, it can be concluded that the data on both variables are normally distributed. This shows that the distribution of the data does not deviate significantly from the normal distribution expected in statistical analysis. The normal distribution of data reflects that the self-efficacy and self-care management scores are evenly distributed around the mean value, thus meeting one of the basic assumptions in quantitative data processing. With the fulfillment of this assumption of normality, the use of parametric statistical analysis techniques such as linear regression or Pearson correlation can be carried out appropriately. This validity is important to ensure that the results of the analysis obtained truly reflect the relationships between the variables studied objectively and can be scientifically accounted for.

Table 4.  
Crosstab Relationship Self-Efficacy and Self-Care Management

Self-Efficacy	Self-Care Management				Sum		p-value
	Good	%	Bad	%	Total	%	
Satisfied	30	34.09	12	13.64	42	47.73	p: 0.006
Dissatisfied	15	17.05	31	35.23	46	52.27	p: 0.290

Based on the results of table 4, the relationship between satisfaction with self-efficacy and the self-care management category was shown in 88 respondents. Of the total 42 respondents who were satisfied with their efficacy, as many as 30 people (34.09%) had good self-care management, while 12 people (13.64%) had poor management. On the other hand, of the 46 respondents who were dissatisfied with their self-efficacy, only 15 people (17.05%) had good self-care management, and most, namely 31 people (35.23%), actually had poor self-care management. Statistical analysis with Pearson correlation obtained a correlation coefficient value of 0.290 and a p-value of 0.006. Since the significance value is less than 0.05, it can be concluded that there is a statistically significant relationship between self-efficacy and self-care management at a 95% confidence level. This means that the difference in the level of satisfaction with self-efficacy affects the quality of self-care management owned by individuals. Thus, these results demonstrate the importance of improving self-efficacy as part of interventions to improve self-care behaviors. Individuals who have confidence in their abilities will be more consistent in carrying out treatment, both in taking medications, maintaining a diet, and carrying out health control. Patient empowerment strategies through education, training, and psychological support can be an effective step to strengthen self-efficacy in order to support more optimal health management.

## DISCUSSION

This research was carried out at the Kartasura Health Center with a total of 88 respondents with hypertension who had comorbidities. Respondents were selected based on medical record data, and data were collected through questionnaires designed to measure levels of self-efficacy and self-care management. Self-efficacy refers to the extent of an individual's confidence in managing his or her health, while self-care management includes behaviors

such as taking medication regularly, maintaining a diet, and performing blood pressure control. The study aimed to identify the relationship between self-efficacy and self-care ability, which is particularly important for hypertensive patients with comorbidities as they require more complex and disciplined health management.

Based on the results of the univariate analysis, the characteristics of the respondents showed that the majority were in the age range of 18–30 years (35.2%), dominated by women (56.8%), and most of them had a high school/vocational education (33%). In terms of employment, the most are self-employed (33%) and most have suffered from hypertension for <1 year or 4–6 years (26.1% each). The highest severity was at degree 1 (44.3%), which indicates that many sufferers are still in the early stages of hypertension. On the self-efficacy variable, as many as 52.3% of respondents felt dissatisfied, indicating that more than half of the respondents were less confident in their ability to manage their health. Meanwhile, the self-care management variable showed that 51.1% of respondents were in the good category, and 48.9% were poor, with a very small difference, indicating that almost half of the respondents still did not have optimal self-care management.

Bivariate analysis showed that of the 42 respondents who were satisfied with their efficacy, as many as 30 people (34.09%) had good self-care management. Meanwhile, of the 46 respondents who were dissatisfied, only 15 people (17.05%) had good self-care management, and the rest (35.23%) were classified as poor. The results of the statistical test with Pearson correlation showed a correlation coefficient value of 0.290 with a P-value of 0.006. Because the  $p < 0.05$ , there is a significant relationship between self-efficacy and self-care management. This relationship is positive but weak, which means that the higher a person's satisfaction with self-efficacy, the better their ability to take care of themselves. Although the strength is weak, these results are still practically meaningful because self-efficacy is one of the important factors in the management of chronic diseases such as hypertension.

These findings confirm the importance of improving self-efficacy as an intervention strategy in improving self-care behavior. Individuals with high self-efficacy tend to be more disciplined in undergoing treatment, maintaining a diet, and performing regular health controls. Therefore, an educational and psychological approach from health workers is needed to increase patient confidence in managing their disease. Targeted interventions through counseling, training, and social support can help patients feel more capable, more confident, and ultimately more consistent in implementing the self-care measures necessary to prevent complications and improve quality of life.

## **CONCLUSION**

Based on the results of the research conducted at the Kartasura Health Center with a total of 88 respondents with hypertension with comorbidities, it can be concluded that the characteristics of the respondents are dominated by the young age group (18-30 years), female, and high school/vocational education. Most of the respondents had a job as self-employed and had suffered from hypertension for less than 1 year or between 4–6 years. The most severe hypertension is at degree 1, which indicates that the majority of respondents are still in the early stages of hypertension and have a great opportunity to improve health management early. The results of the descriptive analysis showed that more than half of the respondents (52.3%) were dissatisfied with their efficacy, while 47.7% were satisfied. This indicates that there are still many hypertensive patients who have low self-confidence in managing their health. In terms of self-care management, the proportion between respondents who had good and bad management was almost evenly balanced, at 51.1% and 48.9%, respectively. This inequality shows the need for equitable interventions to improve self-care capabilities in the hypertensive patient group.

Through bivariate analysis, it was found that there was a significant relationship between self-efficacy and self-care management. The results of the Pearson correlation test showed a p value of 0.006 and a correlation coefficient of 0.290 which means that the relationship is positive but weak. This means that the higher a person's satisfaction with his or her efficacy, the more likely he or she is to have good self-care management. Although the strength of the relationship is not very great, these results remain relevant in the context of chronic disease management that requires active involvement of patients. Thus, this study emphasizes the importance of efforts to improve self-efficacy as a strategy to improve the management of self-care in people with hypertension. Health education programs, self-management skills training, and psychosocial support from medical personnel and families are needed to build patient confidence. With good self-efficacy, patients will be more motivated to take preventive measures, comply with treatment, and live a sustainable healthy lifestyle, so that their quality of life can be significantly improved.

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