

THE RELATIONSHIP OF COMPLIANCE WITH THE CHRONIC DISEASE MANAGEMENT PROGRAM (PROLANIS) WITH THE QUALITY OF LIFE OF HYPERTENSIVE PATIENTS AT THE ROMANA TANJUNG ANOM CLINIC IN 2024

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ABSTRAK

Pasien hipertensi akan mengalami kemuduran dalam berbagai aspek jika tidak ditangani dengan baik sehingga akan memengaruhi kualitas hidupnya. Adapun Upaya yang dapat dilakukan kepada seseorang pasien hipertensi untuk meningkatkan kualitas hidup salah satunya ialah kepatuhan mengikuti program pengelolaan penyakit kronis (Prolanis). Tujuan penelitian ini untuk mengetahui korelasi kepatuhan mengikuti Program Pengelolaan Penyakit Kronis (Prolanis) dengan kualitas hidup pasien hipertensi di Klinik Romana Tanjung Anom Tahun 2024. Desain penelitian yakni korelasional dengan pendekatan cross sectional dengan teknik pengambilan sampel Total sampling sebanyak 100 responden. Alat ukur yang digunakan berupa kuesioner. Uji statistik yang digunakan dalam penelitian ini yakni Spearman Rank. Hasil penelitian menunjukkan bahwa kepatuhan pasien hipertensi mengikuti Prolanis sebagian besar patuh sebanyak 65 responden (65%) responden. Kualitas hidup pasien hipertensi menunjukkan sebagian besar baik, sebanyak 48% responden. Hasil uji statistik dengan korelasi spearman rank didapat nilai p Value 0,001 ($< \alpha$ 0,05) dengan nilai (μ) 0.749. Dengan demikian dapat disimpulkan ada korelasi kepatuhan mengikuti program pengelolaan penyakit kronis (Prolanis) dengan kualitas hidup pasien hipertensi di Klinik Romana Tanjung Anom. Diharapkan agar pasien hipertensi rutin mengikuti manajemen PROLANIS meliputi kepatuhan diet dan minum obat di Klinik Romana Tanjung Anom.

Kata Kunci : PROLANIS, Kualitas hidup, Hipertensi.

ABSTRACT

Hypertensive patients will experience setbacks in various aspects if not handled properly, which will affect their quality of life. One of the efforts that can be made to a hypertensive patient to improve the quality of life is compliance with a chronic disease management program (Prolanis). The research design is correlation with a cross sectional approach. The population in this study is all hypertensive clients at the Romana Tanjung Anom clinic. The sampling technique was carried out through a total sampling of 100 respondents. The research instruments used were dietary adherence, medication adherence (MMAS-8), and quality of life (WHOQOL-BREL). The purpose of this study is to find out the relationship between compliance with the Chronic Disease Management Program (Prolanis) and the quality of life of hypertensive patients at the Romana Tanjung Anom Clinic in 2024. The statistical test used in this study is Spearman Rank. The results of the study showed that the majority of hypertensive patients adhered to Prolanis as many as 65 respondents (65%) responded. The quality of life of hypertension patients was mostly good, as many as 48% of respondents. The results of statistical tests with Spearman rank correlation obtained a p value of 0.001 ($< \alpha$ 0.05) with a value (μ) of 0.749. Thus, it can be concluded that there is a correlation between compliance with the chronic disease management program (Prolanis) and the quality of life of hypertensive patients at the Romana Tanjung Anom Clinic. It is hoped that hypertension patients routinely follow PROLANIS management including diet compliance and taking medication at the Romana Tanjung Anom Clinic.

Keywords : Hypertension Patients , Quality Of Life , PROLANIS

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INTRODUCTION

High blood pressure is referred to as a silent killer because of its high risk. Hypertension can cause other dangerous diseases, such as heart attack, heart failure, stroke, and kidney failure, although it does not cause death directly. The disease is degenerative, blood pressure, can gradually increase with age. Hypertension is the leading cause of death and has physical effects, such as blockage and infarction of the coronary arteries, hypertrophy of the left ventricle, heart failure, cerebrovascular disorders, and coronary arteriosclerosis. Changes in vision, speech, dizziness, weakness, sudden falls, or hemiplegia can be caused by cerebrovascular disorders such as stroke (Widyasningrum et al., 2023).

Hypertension is the most common cause of death and causes 9.4 million deaths from cardiovascular disease each year. Hypertension, known as the "silent killer", has the ability to damage the blood vessels of the heart, brain, and kidneys not treated immediately, potentially leading to death (AHA, 2015). Hypertension treatment faces problems such as abandoned patients, lack of communication and cooperation between medical personnel and patients, and lack of knowledge about hypertension and its medications (Pramestutie and Silviana, 2016). 32% of people in Indonesia suffer from hypertension. (Pebriyani et al., 2023).

Of the 1.13 billion people, or 22.1% of the global population, suffered from hypertension in 2015. (Grace Hutagalung et al., 2020) 22.1% of the world's population (World Health Organization, 2017). This disease, which is often referred to as a silent killer, ranges from 34.2-38% in Southeast Asia; Data in Indonesia, Malaysia, Singapore, Brunei Darussalam, and Thailand show that sufferers are around 35% of the country's population in the United States, 41% in Europe, and 31.8% in Australia (Lainsamputty et al., n.d.2022). In North Sumatra, 5.52 percent of the population has hypertension. In addition, data from the Indonesian Ministry of Health (2018) shows that the prevalence of hypertension in Medan City is 4.97%, with a prevalence of 36.85% and 31.34% for women. The prevalence of hypertension at the Romana Clinic, which is registered for Prolanis activities, is as many as 100 people, data is obtained from medical records conducted in the initial survey.

The quality of life decreases as a result of high levels of hypertension and lack of public attention. Hypertension affects various qualities of life, namely physical, psychological, social, and environmental. Not based on wealth, quality of life is a measure that an individual or society uses to measure his or her own level of well-being. (Widyasningrum et al., 2023),(Pebriyani et al., 2023). A 2009 study by Degl'Inocenti in Roza et al. (2020) showed that hypertensive people not only experience physical problems, but also experience complications from other diseases or other diseases related to their condition. Residents with hypertension may experience quality of life problems, which can lead to a decrease in survival rates.

The quality of life of hypertensive patients in the United States decreased by 20%. In 2021, the quality of life of outpatient hypertension patients at Ulin Banjarmasin Hospital decreased by 73.8%, and in 2023, the quality of life of hypertension patients at the Banyumas district twin health center decreased by 28%. (Riza Alfian A.N.D, 2021.)

The quality of life of people with hypertension is influenced by a lack of attention to their physical health and natural diseases, which results in quality of life problems that can shorten their lifespan. Some factors that affect the quality of life of people with hypertension include a person's physical health, a person's psychological traits, social relationships, and the environment. Notably, untreated hypertension causes damage to the body's arteries which can lead to heart failure, stroke, kidney damage, and blindness. Melinda et al., 2022. Every year, the government must have a special program to prevent complications of chronic diseases such as hypertension, which is increasing in Indonesians, especially among the elderly. (Apriliani et al., n.d.2023).

Compliance refers to the extent to which patients behave in accordance with the rules of treatment and training of healthcare professionals. How long a person follows the recommended rules of behavior is known as fortitude. The World Health Organization stated in 2010 that low levels of compliance hinder effective control. Marshall reported in 2012 that the non-adherence of patients with treated hypertension increased from 30% to 50%. (Hairunisa, 2023). Patient compliance during routine medication is essential for lowering blood pressure; The success of therapy can also be affected by the patient's adherence to their medications. (Susanto et al, 2019).

Adherence to diet affects the success of hypertension treatment. Following a healthy lifestyle seems to lower blood pressure, preventing heart disease. One goal of the diet program is to "help lower high blood pressure and be able to reduce or eliminate salt or water buildup" (Nilam sari et al., 2020). (Jukarnain & Nugrawati, 2022), (Nilam sari et al., 2020).

Luscher and colleagues found that 80% adherence to an antihypertensive regimen could lower blood pressure. Antihypertensive drug levels can also lower blood pressure and the risk of complications associated with high blood pressure. (Hairunisa, 2023). all Prolanis members must be committed and obedient to achieve the club's goals. Following the Prolanis protocol, such as following a diet and taking medication, can demonstrate this resilience. Following this protocol helps in disease control and reduces complications associated with hypertension disease. (Wahyuni puji Lestari., 2019)

The Prolanis program faces many problems, including many patients with unstable blood pressure. This happens because people are less aware of the importance of following clinic protocols, taking medication regularly, and maintaining a healthy diet. As a result, Prolanis activities must promote health. According to Primahuda (2019), the Social Security Administration Agency (BPJS Kesehatan) health facilities, especially health centers, to implement an integrated program called "Prolanis" as part of a chronic disease management model to provide solutions to overcome hypertension. (BPJS Kesehatan, 2023)

One of the goals of the Prolanis program is to treat hypertension, as this condition can be treated easily and prevent complications. It's no surprise that hypertension is still the most common problem in Indonesia. Due to the fact that hypertension is a medical condition that most often requires hospital treatment. Riskesdas 2013 data, according to BPJS Kesehatan, shows that the prevalence of hypertension is 25.8 percent and there is a lack of hypertension control despite the presence of effective drugs. By knowing the symptoms, risk factors for hypertension, patients are expected to be able to take precautions which means changing their way of life to avoid complications and improve their quality of life. (Albiran, et al, 2023)

The Chronic Disease Control Program (PROLANIS) is a proactive approach and integrated health services that involve health facilities, and participants to maintain the chronic health of patients,

especially hypertension, to achieve an optimal quality of life. Prolanis prioritizes patient independence and strives to improve the welfare of the community. In 2023, BPJS Kesehatan stated that Prolanis' goal is to help patients with hypertension get a better quality of life along with the participation of health facility participants suffering from chronic diseases to improve their quality of life. (BPJS Kesehatan,2023).

From the initial survey conducted by researchers at the Romana Tanjung Anom Clinic, data was obtained on 100 registered Prolanis participants judging from medical records and after conducting a survey, there were 50% of people who complied with participating in Prolanis gymnastics which was carried out 1 time a week. And interviews were conducted with 2 respondents who were willing to be interviewed and the results of the interviews conducted were 100% of the 2 respondents there was an improvement in the quality of life of patients with hypertension after participating in Prolanis gymnastics. And the results of the interviews from the two respondents were obtained with normal blood pressure of 120/70 mmHg, and from the faces of the respondents who were fresher and fitter, the respondents said it was easier to do activities after participating in gymnastics and from the two respondents the results of having complications were obtained namely diabetes mellitus and coronary heart disease. Respondents said they had never experienced a complication because they were obedient in taking medicine. Therefore, the researcher is interested in investigating whether there is a relationship between compliance with the Chronic Disease Management Program (PROLANIS) and the quality of life of hypertensive patients at the Romana Tanjung Anon Clinic.

METHOD

This study is a quantitative research with a cross-sectional approach. The population in this study is all Prolanis participants at the Romana Tanjung Anom Clinic which totals 100 respondents. Sampling used the Total Sampling Technique of 100 respondents. The data collection technique used a Questionnaire on Prolanis Compliance (diet & medication) taken from Aditya & MMAS-8 and a Quality of Life Questionnaire taken from Nursalam's book (2020). Data analysis used univariate analysis with frequency distribution and percentage of each category, bivariate analysis used Spearman rank test with p value 0.001 ($p < 0.005$).

RESULTS AND DISCUSSION

Tabel 1 Characteristics of Respondents by Age, Gender, Education and Occupation

Characteristics	(f)	(%)
age		
26-35 (Early adult)	3	3
36-45 (Late adult)	12	12
46-55 (Early senior)	30	30
56-65 (Elderly Elderly)	37	37
66-80 (Manure)	18	18
Total	100	100
Gender		
Male	26	26
Female	74	74
Total	100	100
Education		
SD	23	23

SMP	26	26
SMA	41	41
Perguruan Tinggi	10	10
Total	100	100
Work		
IRT	69	69
Wiraswasta	18	18
PNS	6	6
Pensiun	7	7
Total	100	100

Based on the data in the table above, it can be seen that the age characteristic data shows that the majority of the age of 56-65 years or the elderly amounted to 37 respondents (37%). Based on the gender data of the majority of female respondents as many as 74 respondents (74%), Based on the education data of the majority of high school respondents as many as 41 respondents (41%), Based on the employment data of the majority of respondents of IRT work as many as 69 respondents (69%),

Tabel 2 Compliance with the Chronic Disease Management Program (Prolanis) in Hypertension Patients at Raomana Tanjung Anom Clinic in 2024

Compliance	F	%
Obedient	65	65
non-compliant	35	35
Total	100	100

Based on table 2 above, it shows that the most hypertensive patients with prolanis compliance are 65 respondents (65%), while hypertensive patients with prolanis compliance are not compliant as many as 35 respondents (35%).

Tabel 3 Quality of Life of Hypertension Patients at Romana Tanjung Anom Clinic in 2024

Quality of Life	F	%
Good	5	5
Enough	48	48
Less	47	47
Total	100	100

Based on table 3 above, it shows that the majority of hiudp quality of hypertension patients in the good category is 48 respindles (48%), the quality of life in hypertension patients is poor as many as 47 respondents (47%) and the quality of life in hypertension patients in the good category is 5 respondents (5%).

Tabel 4 The Relationship of Compliance with the Chronic Disease Management Program (Prolanis) with the Quality of Life of Hypertension Patients at the Romana Tanjung Anom Clinic in 2024

			Prolanis Compliance	Quality of life
Spearman's rho	Prolanis Compliance	Correlation coefficient	1.000	0,749
		Sig (2-tailed)	.	0,000
		N	100	100
	Quality of life	Correlation coefficient	0,749	1.000
		Sig (2-tailed)	0,000	.
		N	100	100

Based on the table of the results of the analysis of the relationship between compliance with the chronic disease management program (Prolanis) and the quality of life of hypertension patients at the Romana Tanjung Anom Clinic in 2024 based on the spearman rank statistical test, a p value of 0.001 ($p < 0.05$) was obtained, so it can be concluded that there is a relationship between compliance with the chronic disease management program (Prolanis) and the quality of hiudp of hypertensive patients at the Romana Tanjung Anom Clinic in 2024. Based on the results of the draw, using a spearmen rank statistical test, it shows a value of r 0.749 where it means that the score of Prolanis compliance is 0.749 and the quality of life score is 0.749 in the positive direction, the level of closeness of the relationship is high/strong.

Compliance Following Prolanis in Hypertensive Patients at the Romana Tanjung Anom Clinic in 2024.

The study on compliance with prolanis in hypertension respondents at the Romana Tanjung Anom Clinic found that out of 100 respondents, the majority of respondents followed the prolanis who obeyed as many as 65 respondents (65%), and the respondents who had compliance with the prolanis who did not comply with 35 respondents (35%).

Based on the results of the study, the high compliance category of Prolanis can be seen from the results of the questionnaire statements, the answers of the obedient respondents said that the answer is always and yes in following the diet and adherence to taking medication and with diet adherence and taking medication regularly, the respondents feel better and satisfied with the results of blood pressure that can be controlled. Category Non-compliance in following Prolanis is seen from the statement of the questionnaire, the answer is never following the diet arrangement and always answers that they do not want to take medication because they cannot bear to control their appetite and if they have taken antihypertensive drugs and feel better to eat resposen immediately stop consuming the drug. Based on the above statement, it can be concluded that someone who cannot control the interval between meals and does not regularly consume medication because he feels that he does not have problems related to the disease he is experiencing.

In support of the results of the study (Wahyuni puji Lestari., 2019) which said that adherence to following Prolanis is high can produce controlled blood pressure by regularly following diet settings and taking medication in line with research that says a person's adherence in following Prolanis can be seen from family support, being able to follow and reminding to take medication and control a

low-salt diet can control a person's blood pressure. This is supported by research that says that non-compliance in following Prolanis compliance can worsen blood pressure because it cannot be controlled because it does not want to follow a diet and routinely takes medication after a study that says that if there is no support from the family in following Prolanis compliance, a person is not enthusiastic and does not want to follow a diet and routine in the minimum of antihypertensive drugs. A person who has a high level of adherence in following Prolanis can improve one's health by adhering to dietary arrangements and taking medication can control blood pressure. (Kurniawan et al., 2022a). (Nilam sari et al., 2020). (Pebriyani et al., 2022) dan (Primahuda., 2019).

The researcher's assumption that a person who is obedient in following a prolanis is someone who is able to follow a diet and take medication. A person who has a high level of adherence is seen from respondents who say that they always routinely come to the clinic to check blood pressure and ask for monthly medication and are able to follow the doctor's recommendations on the diet arrangements that are carried out, then it can be concluded that a person who is obedient in following professional activities such as diet management and taking medication can control blood pressure. The researcher's assumption that someone who is not compliant in following prolanis is someone who is unable to follow the diet and take medication regularly, the results of which are seen from respondents who said that sometimes they are unable to suppress their appetite not to eat foods high in salt because they are used to consuming these foods and respondents said that sometimes they forget to take medication because they are too busy with activities.

The category of compliant diet adherence is seen from the results of questionnaire questions and answers stating that they always follow the diet arrangement in accordance with the doctor's recommendations and diet schedule and most said that the compliance with the implementation of the diet arrangement is supported by the majority of hypertension respondents eating according to the schedule as many as 65 respondents (65%).

The high category of dietary adherence can be seen from the statements of the questionnaire answers of many obedient respondents said that the answer is always in doing food variations, using curry substitutes such as corn sugar when they want to consume sweet foods or drinks, not recording the food menu every day, routinely weighing their weight every month and the most important thing is that the respondent is able to control the pressure to go to the clinic / health center to determine the need for the next diet. Therefore, with respondents complying in following the diet, the respondent's blood pressure can be controlled.

The category of non-compliant diet adherence is seen from the results of questionnaire statements and answers from respondents who answered that they have never followed the dietary arrangements recommended by the doctor on the grounds that they are unable to control eating high in salt and are unable to eat more than the diet schedule of 35 respondents (35%). The category of non-compliance with dietary arrangements can be seen from the questionnaire statements of respondents who did not comply with many answers in always eating small foods/snacks, like to eat salty foods, eating more than 3 times a day every day, consuming foods and drinks that taste sweet/high in sugar/salt every day, and do not want to obey the food rules of hypertensive patients for reasons of effort if they follow the diet rules. Therefore, there are still many respondents who do not comply with dietary arrangements.

Supported by the results of the research that stated that from the results of the study, the majority of the results were obtained that the respondents with high compliance criteria were 32 people (58.18%)

in Tapos Depok Village, in line with the majority of the results obtained that the respondents who were compliant in following the low-salt diet arrangement as many as 27 respondents (77.1%) were outpatient at the internal medicine polyclinic of Bahayangkara Makassar Hospital and the research (Hairunisa, 2023) obtained the results of the level of compliance with the diet with the compliance category as many as 25 respondents (33.8%) in the working area of the Perumnas 1 Health Center, West Pontianak. A person who has high dietary adherence can be influenced by family support if the support of the family in the diet setting so that high adherence can control blood pressure. A person who has a high level of dietary adherence in lowering salt levels in food reports said that if salt levels can be controlled according to the settings. Kurniawati et al., 2020), (Amelia & Kurniawati, 2020) (Sukmawaty et al., 2019) dan (Nugrawati & Nelly, 2022).

This is supported by research that says that if you do not comply with the diet arrangement because of the lack of family support and the lack of ability of the person to control the appetite and diet schedule carried out by the responden. High levels of non-compliance can occur due to a person's inability to control their appetite to not consume high-salt foods due to an unchangeable lifestyle (Nugrawati, & Nelly 2022), (Kurniawati & Amelia et al., 2020)

The researcher's assumption that a person who is obedient in following a diet is someone who is able to control the amount of food consumed, namely low-salt foods, judging from the answers of respondents who are able to follow a diet and are able to resist a high gram of food appetite and always routinely control blood pressure with someone who is able to follow a diet setting, then blood pressure can be controlled. A person who has high dietary adherence can be influenced by family support if the support of the family in the diet setting so that high adherence can control blood pressure. A person who has high dietary adherence in lowering salt levels in food reports said that if salt levels can be controlled according to dietary settings, blood pressure can be controlled. The researcher's assumption that a person who does not comply with the diet is someone who is unable to control the taste of the food that is eaten.

The category of compliance with taking medication is seen from the results of the questionnaire answers that choose the answer yes to consume drugs as many as 65 respondents (65%). The category of high medication adherence can be seen from the questionnaire statements of the answers of many obedient respondents said that the answer was not deep, never forgot to take antihypertensive drugs, never forgot to take medication for certain reasons, never felt that the situation could be difficult if they regularly took antihypertensive drugs, and never forgot to take antihypertensive drugs even though they traveled and never forgot to take medicine with them. So with the answers that the respondents who chose the answer never forgot to take their medicine, the respondents got high compliance and by regularly taking medicine, the respondents' blood pressure could be controlled. Because the reporter said that if we are obedient in consuming blood drugs, it can be controlled regularly. Based on the above statement, it can be concluded that a person who has a high level of adherence to taking medication and is obedient has a level of satisfaction, namely where blood pressure can be controlled and respondents feel more and satisfied in carrying out their lives.

The category of non-compliance with taking medication can be seen from the results of a questionnaire statement from a respondent who answered that 35 respondents (35%) did not comply with taking medication. The category of non-compliance with taking medication can be seen from the questionnaire statements, the answers of respondents who did not comply many said yes in if the respondents felt better and did not want to take the medication again, taking the medicine every day made the respondents say they felt uncomfortable and felt disturbed, had problems in fulfilling the recommended treatment plan, and the respondents said they felt difficult in remembering the use of

medication for each day. So with respondents saying that they are unable to follow the compliance with the medication, hypertension cannot be controlled properly because the respondents follow the scheduled drug rules. With the reason of forgetting to take medication and forgetting to take monthly medication because if you don't feel sick, the respondent does not continue to take antihypertensive drugs. Based on the statement of the director, it can be concluded that a person who does not get family support or already feels a little healthy does not want to take antihypertensive drugs anymore because he already feels better and often forgets to take the drug.

The researcher's assumption is supported by research (Hairunisa, 2023) which says medication adherence plays a role in controlling blood pressure and preventing hypertension complications. 80% adherence to the antihypertensive drug regimen can lower blood pressure to normal and controlled levels. In line with the research (Anwar & Masnina, 2019) Based on data obtained from 83 respondents, 17 respondents (20.5%) were obtained with high compliance, and the respondent said that if he obeyed to take the drug, his blood pressure was controlled. The study (Toulasik, 2019) further said that overall, medication adherence in hypertension patients was mostly adherence to medication, which was as many as 111 people (55.5%) and blood pressure could be controlled.

A person who has a high level of adherence to taking medication can affect blood pressure with someone obedient in taking antihypertensive medication then blood pressure can be controlled. This is supported by a study that said that the level of non-compliance with taking medication was as many as 89 respondents (44.5) from this study said that if they do not comply with taking medication, blood pressure cannot be controlled. In line with the study, it was said that non-compliance with taking medication was 48 respondents (64.9) and blood pressure could not be controlled because they did not take anti-hypertensive drugs. A person who does not comply in consuming medication can therefore be concluded that a person's blood pressure cannot be controlled and blood pressure will increase and can result in the complication of other diseases. A person who does not want to routinely consume anti-hypertensive drugs cannot control blood pressure due to a lack of awareness (Printinasari, 2023) ,(Toulasik,2019) dan (Hairunisa, 2023) .

The opinion of a researcher who is obedient in consuming the medication given every month is someone who does not forget or is always regular in taking medication because he is able to follow the daily schedule to consume medication as seen from the answers of the respondents who always consume drugs every day because of the support from themselves to follow the schedule of consuming drugs every day, then a person's blood pressure can be controlled. The assumption of a researcher who is not compliant in consuming the medication given every month is that a person often forgets and with the reason that he is busy with daily activities and sometimes a person with hypertension says that if he feels good enough, he does not want to take medicine anymore because he feels healthier and often forgets to take medicine, therefore blood pressure cannot be controlled. A person is able to follow dietary arrangements and take medication factors that affect a person's non-compliance due to the age factor where a person has entered the early elderly and late elderly age as many as 30 respondents (30%) and 37 respondents (37%) are unable to follow the dietary arrangements and do not want to consume low-calorie meals because the more advanced the person is, the less taste in the person. And in hypertension patients, the majority of female respondents obtained by the researcher were 76 respondents (78%).

Quality of Life of Hypertension Patients at Romana Tanjung Anom Clinic in 2024.

Based on the results of a study conducted by researchers on 100 respondents on the quality of life of hypertensive patients at the Romana Tanjung Anom Clinic in 2024, it was found that 47 respondents

(47%) responded to poor quality of life and 48 respondents (48%) had adequate quality of life, at least 5 respondents (5%). Based on the results of the researcher, the quality of life category was good, judging from the questionnaire answers where the respondents said that they were still able to move and carry out activities as usual, able to participate in activities such as Prolanis gymnastics every week. This makes respondents feel good about their physique and respondents feel that they are currently enjoying their lives. Resposen also said that he was satisfied with the support and was able to socialize with others. This can be seen from most of the respondents who stated that they feel normal with their current quality of life, are quite satisfied with their current health, are enough to accept their illness and continue to do activities and work, enjoy life, feel that their life is meaningful, able to concentrate, are good enough in socializing, quite satisfied with their sleep, sometimes receive support and assistance from family and friends so that patients can be more calm in living life and it is enough able to control emotions.

Based on this study, it can be interpreted that the respondents have a good quality of life because they understand themselves enough and do not think or feel bad things too often with the disease they suffer. Based on the results of the above statement, the researcher draws the conclusion that a person who has a good quality of life because the respondent is still able to do daily activities such as eating, drinking alone and moving and is even able to participate in Prolanis gymnastics every week. A person who is able to socialize and feel satisfied with the support of relatives and others will tend to have a good quality of life. Researchers also found that hiudp couples are important in a person's life quality.

The category of quality of life is lacking/sufficient and good as seen from the answers to the questionnaire where the minority answered less satisfied with the support given by the people around them. Based on this, researchers can draw the conclusion that the quality of life is sufficient because a person has poor social relationships so that a person is less able to enjoy his current life, this makes a person unable to accept himself and improve his quality of life.

Based on the results of the physical domain research, it can be seen from the questionnaire statements of the respondents' answers that many respondents said that respondents often need medical therapy to be able to carry out daily activities, said that the pain they feel can hinder the respondents' activities, feel normal and have a good time in socializing, and be satisfied in sleeping every day. So with respondents saying that they need medical therapy, the quality of life of patients in the physical domain is quite good. Based on the results of psychological domain research, judging from the questionnaire statements, many respondents said that they were able to enjoy their lives, were able to say that their lives were meaningful, and were able to accept their appearance, therefore the quality of life in the psychological domain was quite good.

Based on the results of the social relationship domain research, judging from the questionnaire statements, the respondents said that they were very satisfied in sexual relations, very satisfied with personal/social relationships, and very satisfied in receiving the support obtained from friends and socially. Therefore, eating quality of life in the domain of social relations is good. Based on the results of the environmental domain research, it can be seen from the statements of many respondents that they have a healthy living environment, are very satisfied with the environment in which they live, are very satisfied with the access to health services they receive, and are very satisfied with the transportation that can be used in the respondents' daily lives. Therefore, the quality of life in the environmental domain is good.

A life partner who can meet physically, economically and socially and a partner who is able to provide support is one of the factors that can affect the quality of life. Because it is able to be a source of support and is able to improve the quality of a person's life. Based on the results of the study, it is said that the low quality of life in a person is influenced by low economic status in terms of physical, psychological, social and environmental health. with the study saying that if a person is not able to do physical activities as usual, then the quality of life produced is a poor quality of life because a person is unable to carry out activities and is unable to socialize with the people around him. (Sapriyanti et al., 2021). (Sapriyanti, Dhea Natasha, 2021) (Afiani, Qodir A, 2020)

Supported by research (Kurniawan et al., 2022) where respondents can accept their body appearance, be satisfied with themselves and be able to do activities and often feel lonely, hopeless, or anxious. Supported by research (Sapriyanti et al., 2021) in the psychological domain, feeling lacking and unable to concentrate on doing something and feeling that his education is meaningful in his life due to the disease he suffers from. Supported by research (Abdiana, 2019) on the social domain, people feel satisfied with themselves and in personal and ordinary relationships with their secular life in their daily lives. Supported by research, (Kurniawan et al., 2022) in the environmental domain, they feel quite safe with the environment they live in, and the availability of information for their lives is quite fulfilled and can embarrass recreation that can open their minds.

The assumption of a researcher who has good HIUSP quality is someone who is still capable of physical activity, not easily discouraged, able to socialize with others and able to have a safe and secure environment. A person who is able to imitate his body and is not too stressed and satisfied with the environment and socializes with a good personality. Then a person will have a good quality of life. In the physical health domain, some respondents had a quality of life of 54%. The researcher's assumption is that respondents enjoy life to the fullest, can accept the appearance of their bodies, are quite satisfied with themselves, and often feel lonely, hopeless, or anxious. In the psychological domain, all respondents had a sufficient quality of life, 50 respondents experienced too many thoughts, so that they did not focus (concentrate) in doing something, the respondents felt that they were no longer meaningful because of the disease they suffered.

In the social domain, most of the respondents had a quality of life of 53%, this is because the respondents answered that they were satisfied with themselves, ordinary in personal relationships and ordinary with their sexual life. And in the environmental domain, most of the respondents had a quality of life of 52%, the researcher's assumption was that the respondents felt that the environment in which they lived was quite safe, the availability of information for their lives was sufficiently fulfilled, and occasionally did recreation to calm their minds.

The Relationship of Compliance with the Chronic Disease Management Program (Prolanis) with the Quality of Life of Hypertensive Patients at the Romana Tanjung Anom Clinic in 2024.

Based on the results of the study, the value of $p = 0.001$ ($p < 0.005$) indicates that there is a relationship between the variables of compliance with the chronic disease management program (Prolanis) and the quality of life of patients at the Romana Tanjung Anom Clinic in 2024, the strength obtained is 0.749 in the positive direction with a high/strong quality.

Based on the results obtained, the researcher argues that the quality of hiudp is sufficient in hypertensive patients because respoden has an important factor in improving the quality of life,

namely compliance with Prolannis because the level of dietary adherence and adherence to taking medication will also affect the quality of life they are living. A person who has a high level of obedience will be able to interpret his own life, relationships with others.

Based on the results of the discussion, the researcher drew the conclusion that the relationship between compliance with the chronic disease management program (Prolanis) and the quality of life of hypertension patients has a high/strong relationship due to other factors that can affect the quality of a person's hiudp such as support from family and life partners and education.

Based on the results of the study, there was a relationship between the routine of prolanis exercises and the quality of life of hypertensive patients and showed a positive correlation result, namely the frequency of prolanis exercises had a significant unidirectional relationship with sufficient relationship strength. It is concluded that the better it is to participate in Prolanis Activities, the better the quality of life. The fulfillment of a good quality of life by following Prolanis. A good quality of life with high adherence to Prolanis means that the needs in diet compliance and medication that are met will improve a person's quality of life.(Melinda et al., 2022).

Family support in following Prolanis or compliance in dietary arrangements and adherence to taking medication has a great influence on a person's quality of life where with family support in directing respondents to obey in following Prolanis, a person's quality of life will improve for the better. (Nilam & Toulasik y, 2020). The level of education is one that is related to the quality of a person's life. Where a person who has a high level of education will find out about his disease and will hurt the Prolanis program so that he can improve the quality of a person's life.. (Alfian. et al., 2018).

The assumption of a researcher who has a quality of life is sufficient because a person is able to follow dietary arrangements and take medication, factors that affect a person's non-compliance due to the age factor where a person has entered the early elderly and late elderly age as many as 30 respondents (30%) and 37 respondents (37%) are unable to follow the dietary arrangements and do not want to consume low-calorie meals because the more advanced after the lack of taste in a person aforementioned. And in hypertension patients, the majority of female respondents obtained by the researcher were 76 respondents (78%).

CONCLUSION

The majority of compliance following the Chronic Disease Management Program (Prplanis) for hypertension patients at the Romana Tanjung Anom Clinic was in the compliance category of 65 respondents (65%). The quality of life of hypertension patients At the Romana Tanjung Anom Clinic, the majority of the quality of life is in the quality of adequate hygiene as many as 48 respondents (48%). There is a relationship between compliance with the chronic disease management program and the quality of life of hypertension patients at the Romana Tanjung Anom Clinic in 2024.

SUGGESTIONS

1. For hypertension patients

For respondents who have a good quality of life, it must be at stake and for respondents who have a quality of life, it is enough to be encouraged to be able to participate in counseling and education on hypertension diets and taking medication organized by the clinic to be more obedient in participating in Prolanis and more regularly in participating in prolanis activities in order to improve the quality of life more optimally.

2. For Romana Clinic

It is hoped that the Romana Clinic can motivate the public to participate in participating in PROLANIS so that the community gets education about the hypertension diet, the importance of taking antihypertensive drugs and providing assistance in following diet arrangements and taking medication regularly. Thus it can improve the quality of life of hypertensive patients.

3. For future researchers

For the next researcher who is interested in researching about PROLANIS and the quality of life of hypertensive patients. Therefore, the next researcher must focus more on the quality of life in the psychological domain of Prolanis participants.

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