**Indonesian Journal of Global Health Research**
Volume 8 Number 6, December 2026
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

# THE RELATIONSHIP BETWEEN SELF-EFFICACY AND QUALITY OF LIFE IN HYPERTENSION PATIENTS

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**ABSTRACT**
Hypertension It is not merely a matter of blood pressure control, but also of chronic diseases that can affect a patient's ability to manage their own care and their quality of life. To determine the relationship between self-efficacy and quality ogf life in hypertession patient. This cross-sectional study involved 261 hypertensive patients in selabatu sukabumi, who were selected using stratified random sampling. Data were collected using validated and reliable questionnaires, with a validity index p-value < 0.05 and reliability > 0.70, namely the WHOQOL-BREF, quality of life based on the Likert scale. Data were analyzed using somers'D statistical test, test to identify the relationship between variables. Results: The results of the analysis showed a significant relationship between self-efficacy (p = < 0.001) and quality of life with the self-efficacy of hypertension patients. There was a significant relationship between self-efficacy and quality of life with hypertension patients in selabatu sukabumi Regency.

Keywords: hypertension; patients; quality of life; self efficacy

**How to cite (in APA style)**
Waluya, A. (2026). The Relationship Between Self-Efficacy and Quality of Life in Hypertension Patients. Indonesian Journal of Global Health Research, 8(6), 373–380. https://doi.org/10.37287/ijghr.v8i6.2518.

## INTRODUCTION

Cardiovascular disease is the leading cause of death worldwide. Hypertension, or high blood pressure, is a medical condition characterized by a sustained increase in blood pressure in the arteries that exceeds normal limits. Often referred to as a "deadly killer," hypertension often has no obvious symptoms. According to the World Health Organization (WHO), hypertension is a major risk factor for heart disease, stroke, and chronic kidney failure (Gao et al., 2024). Based on 2020 global data, it is estimated that more than 1.13 billion individuals worldwide suffer from hypertension, and more than 70% of them are undiagnosed or poorly controlled (WHO, 2020). According to WHO (2020), the prevalence of hypertension worldwide affects approximately 1.13 billion people worldwide, which is a leading cause of death. The number of people with hypertension continues to increase every year. Currently, the highest percentage of hypertension sufferers is found in developing countries, with the WHO noting that 40% of the population in developing economies suffers from hypertension, compared to only 35% in developed countries (Salmanpour et al., 2025).

According to the WHO, in 2021, the global prevalence of hypertension reached more than 1.13 billion people (WHO, 2021). Hypertension is a major health problem that requires serious attention, as many sufferers are unaware of their condition until symptoms become more severe. In Asian countries, the prevalence of hypertension varies, but data shows significant numbers, with an estimated 1 in 4 adults experiencing hypertension (Asian Hypertension Society, 2022). By 2024, the WHO estimates that hypertension will be the leading cause of death worldwide, contributing to more than 9 million deaths annually (WHO, 2024).

The elderly population is estimated to reach 24,000,000 people (9.77%) of the total population in 2020, and this number is expected to increase to 28,800,000 people (11.34%) in the same year. In Indonesia, the number of elderly people in 2020 is estimated to reach 80,000,000 people. In West

Java Province, the prevalence of hypertension is also relatively high. According to data from the West Java Provincial Health Office, more than 30% of the adult population in this area has hypertension, with most of them over 40 years old. Sukabumi City, as part of West Java, faces similar challenges in managing hypertension among its residents (West Java Provincial Health Office, 2021). Based on data from the Sukabumi City Health Office in 2024, the highest prevalence of hypertension in Sukabumi occurred in the Selabatu Community Health Center working area, with a figure reaching 10.6%. The Selabatu Community Health Center (Puskesmas) recorded an increase in the number of hypertension cases, from 7,039 in 2023 to 8,241 in 2024. Furthermore, between January and February 2025, 109 cases of hypertension were recorded in medical records (Putri & Faqih, 2025).

Although the prevalence of hypertension at the Selabatu Community Health Center (Puskesmas) is not the highest in Sukabumi City and ranks sixth, this location remains relevant for research on the relationship between self-efficacy and quality of life in hypertension patients. The Selabatu Community Health Center serves an area with diverse socioeconomic and demographic characteristics, allowing researchers to explore the influence of these factors on self-efficacy and quality of life. Despite not being the highest in the population, the prevalence of hypertension at the Selabatu Community Health Center remains high, making it an appropriate location to explore this relationship. Furthermore, the Selabatu Community Health Center offers easy access, the support of trained medical personnel, and active community involvement in health programs, all of which facilitate the smooth implementation of the study. This community health center is also an ideal place to develop interventions that can improve the quality of life of hypertension patients by increasing self-efficacy (Casarini, 2021).

Hypertension has symptoms such as: feelings of fatigue or weakness. Increased blood pressure causes the heart to work harder and enlarge. When the heart enlarges, it requires more oxygen. However, the heart has difficulty maintaining optimal blood). Hypertensive nephropathy is one of the most important causes of end- stage kidney disease. Most literature about the correlation between disease knowledge, depression and the quality of life of patients with metabolic syndrome adopted the cross-Sectional design, with results showing a significant correlation between depression and the quality of life(Yen- et al., 2022).

Hypertension, or high blood pressure, can cause various complications, physical symptoms that affect the quality of life of sufferers. In addition to feelings of fatigue or weakness caused by increased blood pressure, patients with hypertension also often experience headaches. A feeling of heaviness or pain in the head, especially in the back of the head, is a common sign that can occur when blood pressure rises drastically. Furthermore, dizziness or vertigo is also often experienced by people with hypertension. This condition occurs due to suboptimal blood circulation due to the heart working harder, which disrupts the oxygen supply to the brain (Salmanpour et al., 2025).

The complications of hypertension, which can lead to heart disease, stroke, and kidney failure, demonstrate the serious impact this condition can have on long-term health. In addition to the physical factors associated with hypertension, psychosocial factors also significantly influence the development of this disease. Prolonged stress, for example, can worsen hypertension by chronically increasing blood pressure. Psychosocial factors such as stress, anxiety, and depression often trigger or worsen hypertension. In this regard, self-efficacy, or an individual's belief in their ability to manage stress and their health condition, can play a significant role. Hypertension sufferers with high levels of self-efficacy are better able to manage stress effectively, adhere to treatment programs diligently, and make healthy lifestyle changes, which can positively impact their blood pressure control and quality of life (Putri & Faqih, 2025).

Self-efficacy is an individual's belief in their ability to overcome challenges and manage the situations they face. Bandura (2020) explains that self-efficacy has a significant influence on an individual's decisions to make behavioral changes, including in managing chronic diseases such as hypertension. Patients with high levels of self-efficacy can be better managed. Patients with good self-efficacy tend to be better able to adhere to treatment, make lifestyle changes, and cope with their health challenges effectively (Anggriani & Satria, 2022).

Quality of Life (QoL) is a measure of the extent to which a person's physical, mental, and social well-being is affected by their illness or treatment. If hypertension is not properly managed, it can impact a patient's quality of life, particularly in terms of physical and psychological health. (Chan, 2021) Supriyadi and Handayani (2020) found that hypertension patients often experience a decreased quality of life due to disruptive physical symptoms, as well as feelings of anxiety and stress resulting from their illness.

The Selabatu Community Health Center has implemented various efforts to control hypertension, including conducting routine blood pressure checks, providing health education, and providing access to antihypertensive medications for registered patients. Furthermore, the community health center has intensified its health promotion program by involving the community in exercise and healthy diets (Selabatu Community Health Center, 2025). This study aimed to determine the level of self-efficacy and quality of life among patients with hypertension and to examine the relationship between self-efficacy and quality of life in this population.

## METHOD

The type of research in this study is correlational research with a cross sectional approach. This research was conducted not February 2025 until July 2025. The population in this study were This study involved 754 respondents, consisting of 261 hypertension patients selected through stratified random sampling technique. Data collection was carried out using a questionnaire, the self-efficacy variable refers to a standardized questionnaire namely the Hypertension Self-Efficacy Scale (HSES) and the quality of life questionere name is WHOQOL-BREF .The validity test results of the Hypertension Self-Efficacy Scale (HSES) shows a Goodness-of-F shows a Goodness-of-Fit Index (GFI) value of 0.94, Root Mean Square Error of Approximation (RMSEA) of 0.05, and Comparative Fit Index (CFI) of 0.98 it Index (GFI) value of 0.94, Root Mean Square Error of Approximation (RMSEA) of 0.05, and Comparative Fit Index (CFI) of 0.98 (Lorig et al , 2020). Univariate analysis was conducted using frequency distribution and percentage. Bivariate analysis used somers'D The research ethics letter was issued by the Sukabumi College of Health Sciences Ethics Committee with the number: 002209/KEP STIKES SUKABUMI/2025.

## RESULT

Table 1 shows that most respondents were aged > 40, namely 139 people (53.3%), famale namely 168 people (64.4 %), educational high school namely 130 people (49.8%), private unemployed namely 135 people (51.7%).

Table 1.
Respondent Characteristics

| Variable | f | % |
|---|---|---|
| Age (Years) | | |
| 20-25 | 2 | 0,8 |
| 26-30 | 37 | 14,2 |
| 31-40 | 83 | 31,8 |
| > 40 | 139 | 53,3 |
| Gender | | |
| Male | 93 | 35,6 |
| Female | 168 | 64,4 |
| Educational | | |
| Not in school | 22 | 8,4 |
| Elementary school | 16 | 6,1 |
| Junior high school | 39 | 14,9 |
| High school | 130 | 49,8 |
| Bachelor | 54 | 20,7 |
| Occupation | | |
| Unemployed | 46 | 17,6 |
| Private unemployed | 135 | 51,7 |
| Self-employed | 30 | 11,5 |
| Civil cervant | 9 | 3.4 |
| Housefewife | 41 | 15,7 |

Table 2.
Univariate Analysis

| Variable | F | % |
|---|---|---|
| Self-efficacy | | |
| High | 44 | 16,9 |
| Moderate | 117 | 44,8 |
| Low | 100 | 38,3 |
| Quality of life | | |
| High | 17 | 16,9 |
| Moderate | 141 | 54 |
| Low | 103 | 39,5 |

Table 2 shows that most respondents had moderate self-efficacy namely 117 people (44.8%), had moderate quality of life namely 141 people (54 %).

Table 3.
Relationship between Self-efficacy and quality of life

| Self-efficacy | High | % | Moderate | % | Low | % | Total Value | % | P-Value |
|---|---|---|---|---|---|---|---|---|---|
| High | 12 | 100 | 0 | 0 | 0 | 0 | 12 | 100 | |
| Moderate | 21 | 50,0 | 14 | 33,3 | 7 | 16,7 | 42 | 100 | <0,001 |
| Low | 1 | 12,5 | 1 | 12,5 | 6 | 75,0 | 8 | 100 | |

Table 3 shows that respondents with high efficacy mostly had high resilience, with 12 people (100%). Furthermore, respondents with moderate efficacy mostly had low resilience, with 21 people (50.0%). Meanwhile, respondents with low efficacy mostly had low resilience, with 6 people (75%), and a small number had high and moderate resilience, with 1 person each (12.5%). The results of the statistical test using Sommer's d show that the p-value is 0.001, which means <0.05, so Ho is rejected. This indicates that there is a relationship between self-efficacy and quality of life among hypertension patients in selabatu in sukabumi Regency.

## DISCUSSION

Based on the research results, it was found that nearly half of the 261 hypertension patients (117 individuals or 44.8%) fell into the moderate self-efficacy category. This finding indicates that most patients are not fully confident in their ability to independently manage their hypertension, including aspects such as medication adherence, dietary adjustments, and a healthy lifestyle.

The predominance of respondents aged 40 and over (53.3%) reflects a hypertension population that commonly occurs in late to late adulthood. According to Tiwari et al. (2021), older individuals tend to face chronic health challenges such as hypertension, which can affect their perception of their ability to manage the condition (self-efficacy). Older age is also associated with decreased adaptive capacity to healthy lifestyle changes, which contributes to decreased self-efficacy and ultimately impacts quality of life. Self-efficacy is an important indicator in measuring an individual's readiness to adhere to medication and manage blood pressure (Estri, 2019).

The majority of respondents were female (64.4%). Women often have a higher emotional involvement in chronic disease management, which can impact their perception of self-efficacy (Chan, 2021). It has been found that women with chronic diseases tend to experience higher levels of stress and anxiety than men, necessitating a more in-depth psychosocial approach to improving self-efficacy. However, women also tend to be more compliant with therapy and actively participate in health education, which can improve their self-efficacy.

Nearly half of respondents had a high school education (49.8%). Education level is closely related to health literacy, which in turn influences an individual's self-efficacy in managing hypertension. self- efficacy had a partial mediation effect, rather than complete mediation, between mental health and the quality of life. The mental health of patients with hypertensive nephrology can predict their overall quality of life and improve it through self- efficacy(Yen- et al., 2022).

The majority of respondents worked as private sector employees (51.7%). This employment status demands consistency in activities and time, which can be a barrier to maintaining adherence to hypertension treatment. According to Putra et al. (2022), high workloads and job stress contribute to decreased self-efficacy due to limited time for exercise, blood pressure checks, or health education. This aligns with findings by Nguyen et al. (2023), who stated that individuals with stable jobs but high work pressure tend to have lower chronic disease control, due to low perceptions of self-control.

The results showed that nearly half of the respondents had moderate self-efficacy (44.8%). This indicates that although most respondents were confident in managing their hypertension, internal and external barriers still limited the effectiveness of their health behaviors. Bandura (1997) stated that moderate self-efficacy has the potential to be improved through educational interventions and appropriate social support. Increased self-efficacy is positively correlated with improved quality of life for hypertension patients, particularly in the physical and psychological dimensions. Self-efficacy encourages patients to adhere to treatment, maintain a healthy diet, and undergo regular check-ups, significantly improving overall quality of life (Chan, 2021).

The majority of hypertensive patients have moderate levels of self-efficacy, which is closely related to a lack of information and internal motivation in managing their chronic disease. Suboptimal self-efficacy can potentially reduce the ability to adapt to the disease and impact overall quality of life (Putri & Faqih, 2025).

Therefore, the results of this study emphasize the importance of increasing self-efficacy as part of a strategy to improve the quality of life of hypertensive patients. Psychosocial interventions, such as motivational counseling, self-management training, and community-based group education, are highly recommended for ongoing implementation in primary healthcare facilities.

The study found that the quality of life of 261 hypertension patients, with a total sample size of 261, was categorized as moderate (141 patients, 54.0%). This finding suggests that although patients are able to undergo treatment and perform daily activities, they have not yet reached optimal levels in physical, psychological, social, and environmental aspects. This may reflect barriers to managing

chronic conditions such as hypertension, including psychological factors, access to services, and socioeconomic factors.

The study found that the majority of respondents were aged 139 (53.3%) and above, and were in the age group of 40 years and older. This finding aligns with the fact that the prevalence of hypertension increases with age because the aging process contributes to decreased blood vessel elasticity and organ function (Kretchy et al., 2021). Advanced age is also often accompanied by comorbidities, which impact quality of life. Quality of life in elderly people with hypertension is strongly influenced by psychological factors and self-efficacy in managing their condition (Sun et al., 2022).

Quality of life in the age group over 40 years can be categorized as moderate because individuals in this age group begin to experience physical and social limitations. According to Silva et al. (2021), in late adulthood, psychological factors such as self-efficacy are crucial for maintaining quality of life because they play a role in increasing adherence to medication and a healthy lifestyle.

The results showed that nearly half of the respondents had a moderate level of self-efficacy, namely 117 individuals (44.8%) (Table 4.5). This indicates that although patients have sufficient confidence in managing their hypertension, it is not yet optimal. This condition can contribute to a quality of life that is also categorized as moderate, as shown in Table 4.6, where 141 individuals (54.0%) experienced a moderate quality of life.

Self-efficacy plays a crucial role in developing healthy behaviors and managing blood pressure. Individuals with moderate levels of self-efficacy tend to be more adhering to medication, but may still experience obstacles in engaging in regular physical activity or maintaining a healthy diet. This directly impacts quality of life, particularly in the physical and psychological domains. Thus, there is a logical link between moderate levels of self-efficacy and moderate quality of life in patients with hypertension (Chan, 2021).

The majority of respondents were female (64.4%). Women are known to be more likely to feel and express the emotional burden of chronic illness, which can impact their perceived quality of life. Women with hypertension are more susceptible to anxiety and stress, which contribute to a decreased quality of life, even though they are more compliant with treatment than men. Furthermore, women tend to be more motivated to participate in health and education programs, which, if properly facilitated, can improve their self-efficacy (Chen et al., 2020). This means that while women's quality of life may generally be compromised by psychological burden, this can be addressed through strategically enhancing self-efficacy.

Nearly half of respondents had a high school education (49.8%). Education level significantly influences disease understanding and health decision-making abilities. According to Liu et al. (2022), individuals with secondary education have a relatively good potential for understanding health information, but may not be critical enough to evaluate and proactively manage disease risks. Jobs that require high levels of time, mobility, and responsibility can impact the quality of life of hypertension patients. A study by Putra et al. (2022) found that work pressure can disrupt medication routines and limit time for physical activity or relaxation, ultimately reducing quality of life. Work can also impact self-efficacy. Individuals who feel capable of managing their work time and health tend to have higher self-efficacy and a better quality of life. However, if work pressure is not managed well, it can reduce self-confidence in managing hypertension, leading to a compromised quality of life (Sun et al., 2022).

Based on the results of the chi-square statistical test, the resulting P value was <0.001 (P <0.05), indicating a relationship between self-efficacy and quality of life in hypertension patients in

Selabatu Village, within the working area of the Selabatu Community Health Center (UPTD) in Sukabumi City. This finding aligns with a study by Putri and Santosa (2023), which found that self-efficacy plays a significant role in improving the quality of life of hypertension patients. In their study, conducted in an urban area, they found that patients with high levels of self-efficacy had significantly better quality of life in the physical, psychological, and social domains. They emphasized that self-confidence in managing the disease, adherence to treatment, and adaptive abilities significantly influence perceptions of one's health.

self-efficacy and quality of life in hypertension patients at community health centers in West Java. They concluded that interventions to increase self-efficacy can directly improve quality of life, especially in patients with advanced hypertension. This is because high self-efficacy helps patients stay motivated to adhere to treatment and maintain a healthy lifestyle. Patients with low self-efficacy tend to have a lower quality of life. They emphasized the importance of ongoing education and social support in increasing patient confidence in blood pressure management (Putri & Faqih, 2025). They also found that the psychological dimension of quality of life is significantly influenced by how much patients feel they can control their condition (Chan, 2021).

Theoretically, these results align with Bandura's Social Cognitive Theory. This theory states that self-efficacy is a key internal factor that influences how a person thinks, feels, motivates themselves, and acts. Self-efficacy is key in decision-making regarding adherence to treatment, diet, exercise, and stress management—all factors that impact quality of life.

Furthermore, an experimental study demonstrated that self-efficacy enhancement interventions through cognitive-behavioral training significantly improved the quality of life of hypertension patients within three months. They recommended that healthcare workers at community health centers (Puskesmas) implement an educational and participatory approach to improving patient self-efficacy, especially for those newly diagnosed or with a history of irregular treatment.

Improving the self-efficacy of hypertension patients through cognitive-behavioral educational interventions significantly improved quality of life within six months of follow-up. This reinforces the assumption that interventions targeting psychological dimensions, particularly self-efficacy, are an important strategy in the management of chronic diseases such as hypertension (Estri, 2019).

## CONCLUSION

Based on the results of the study, there is a relationship between self-efficacy with quality of life among in hypertension patients in Selabatu Village.

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