CHAPTER II

LITERATURE REVIEW

2.1 Family Concept

2.1.1 Definition of Family

The family is defined as a fundamental social group that serves as the smallest pillar in society. Consisting of parents (father, mother) and children bound by marriage, the family functions as an emotional vessel full of love and responsibility (Awaru, 2021). According to the KBBI in Megavitri (2025), the family encompasses a broad meaning, especially the following three things: the nuclear family consisting of a mother and father and their children; Household dependents where household members whose livelihood or economic needs are borne by the head of the family, even though they are not related by marriage or blood; and Extended kinship, including other relatives such as grandparents, uncles, aunts, and cousins. Another opinion from Kesuma (2023), where the family is a unit consisting of two or more people united by blood ties, marriage, or adoption. Members of this group live together under one roof, communicate with each other, and carry out their respective functions and roles in daily life.

2.1.2 Family Form

According to Awaru (2021), families are generally divided into two categories: traditional and modern. The differences between these two categories are evident in child-rearing patterns, communication styles, language choices, daily behavior, speech, financial management, material fulfillment, and so on. Traditional families generally still use local customs

as the primary guideline for their lives, while modern families tend to ignore these rules and adopt a more flexible approach.

1. Modern Family

Awaru (2021) classifies modern family forms into several types, including:

a. *The unmarried teenage mother*: consisting of a mother and child without any marital relationship.
b. *The stepparent family*: a family with stepparents, preceded by divorce or death of a spouse.
c. *Commune Family*: a couple and children who are not related but live in the same house and use shared facilities.
d. *The nonmarital heterosexual cohabiting family:*families without marriage ties and changing partners.
e. *Gay and Lesbian Families*: same-sex couples like husband and wife.
f. *Cohabiting Couple*: two adults who live together for certain reasons without marriage.
g. *Group marriage family*: several adults who are married and have children, living in one house using shared facilities.
h. *Group network family*: a family with norms and principles, living together and sharing household resources, and also responsible for caring for children.

i. *Foster family*: a foster parent pair who are willing to care for a child even though they are not related, when the child's family needs help in solving their family problems.

j. *Homeless family*: families that are formed in very limited situations, where poverty or economic problems mean they do not have a clear and definite security system for life.

2. Traditional Family

Traditional family systems tend to represent a household ecosystem characterized by high stability and a complete role structure for its components. According to Awaru (2021), some types include:

a. *The Nuclear Family*(Nuclear Family): a basic family resulting from a marriage that has been prepared with members: husband, wife and children living together and looking after each other.

b. *The Dyad*(Core Couple): a husband and wife who are married but have not yet been blessed with children.

c. The Extended Family (Big Family): there are uncles, aunts, grandfathers, grandmothers, and nieces and nephews who do not always live together.

d. *The single parent family*or single parents: consisting of only the father or mother, due to the couple divorcing or dying.

e. Single Adult Family: adult individuals who live alone by choice or because their partner has died.

2.2 Concept of Hypertension

2.2.1 Definition of Hypertension

Clinically, hypertension is characterized by a systemic increase in arterial pressure that persists over a long period of time. The World Health Organization (WHO) defines hypertension as a condition when systolic blood pressure is ≥140 mmHg and/or diastolic blood pressure is ≥90 mmHg. This condition is often called the "silent killer" because its symptoms are often invisible, but it can lead to serious complications such as heart disease, stroke, and kidney failure (Prastika, 2021). Common clinical manifestations include cephalgia (dizziness), persistent anxiety, and facial flushing. Furthermore, this condition is often accompanied by tinnitus (ringing in the ears), dyspnea (shortness of breath), rapid fatigue, and mild visual disturbances such as blurred vision.(Lukitaningtyas, 2023).

2.2.2 Pathophysiology of Hypertension

According toAnwar (2022) The mechanism of hypertension is triggered by an initial escalation of vascular pressure, where the pathophysiological process can manifest through a number of the following biochemical and functional pathways, namely:

1. An increase in the force of heart muscle contraction will trigger a surge in the volume of blood pumped with each beat, a mechanism clinically known as stroke volume.
2. When large arteries lose their elasticity, the tissue hardens.
3. A spike in blood pressure can also be stimulated when blood vessels experience narrowing of the lumen diameter or vasoconstriction.

2.2.3 Hypertension Risk Factors

Factors that can increase the risk of hypertension according to Lukitaningtyas (2023), that is:

1. Age (as you get older, the risk increases)
2. Family history of hypertension
3. Smoke
4. Excessive alcohol consumption
5. High sodium intake
6. Personal history of CVD (myocardial infarction, heart failure, stroke, transient ischemic attacks), diabetes, dyslipidemia, chronic kidney disease)
7. Lack of physical activity
8. Psychosocial aspects, history of depression

2.2.4 Symptoms of Hypertension

According to WHO (2023), people with very high blood pressure (180/120mmHg or higher) may experience symptoms including:

1. severe headache
2. chest pain
3. Dizzy
4. difficulty breathing
5. nauseous
6. vomit
7. blurred vision or other changes in vision
8. anxiety

9. confusion
10. ringing in the ears
11. nosebleed
12. abnormal heart rhythm

2.2.5 Hypertension Management

According to Erlandi (2024), clinical management for hypertension sufferers includes two aspects of approach, namely as follows:

1. Pharmacological

   To avoid dangerous complications and death, pharmacological therapy is implemented with the principle of maintaining arterial blood pressure at normal levels (Putri, 2022). Various antihypertensive drug modalities are used in the pharmacological therapy of hypertension, such as alpha and beta blockers, alpha-2 receptor agonists, and peripheral adrenergic blocking agents. Additionally, treatment also relies on diuretics, renin inhibitors, calcium antagonists, ACE inhibitors, and ARBs (Erlandi, 2024).

2. Non-pharmacological

   Healthy lifestyle modifications are at the heart of non-pharmacological therapy, implemented through regular physical activity, stress management, and cessation of alcohol and smoking. Nutritionally, sufferers should limit excess salt (sodium) intake and adopt a diet rich in fresh fruits, vegetables, and low-fat dairy (Erlandi, 2024). Relaxation methods such as deep breathing and Dzikir (remembrance of God) are also highly recommended.

2.2.6 Hypertension Pathway

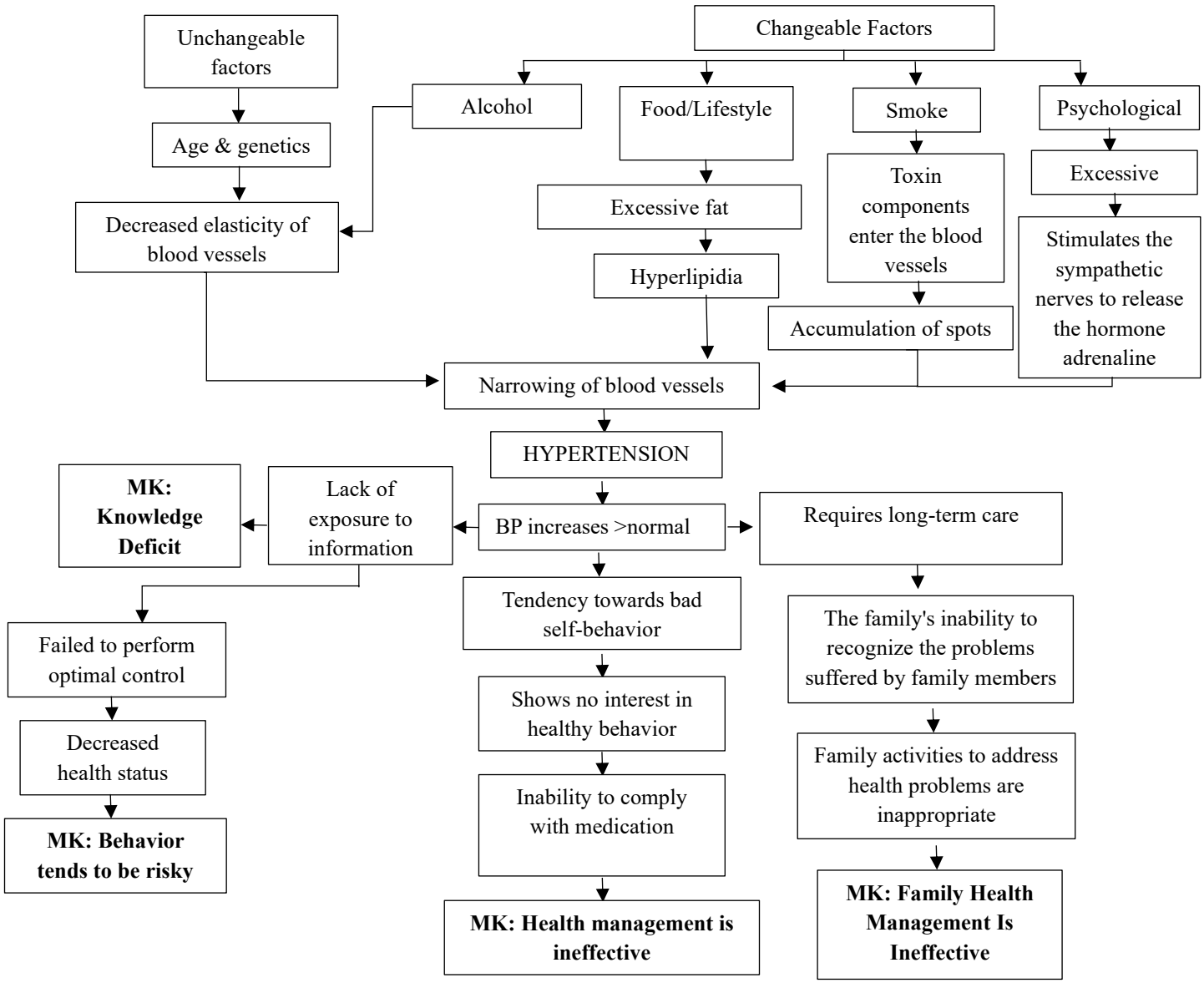


Figure 2.1 Hypertension Pathway

2.3 Ineffective Health Management Concept

2.3.1 Understanding Ineffective Health Management

According to the Indonesian Nursing Diagnosis Standards (PPNI) (2016), one of the nursing diagnoses known as ineffective health management is defined as a way of handling health problems that is not integrated into a person's daily habits, which is not satisfactory in achieving the desired health status. In the Indonesian Nursing Diagnosis Standards (SDKI), this diagnosis is coded D.0116 and is included in the behavior category, subcategory of counseling and learning.

2.3.2 Etiology of Ineffective Health Management

The causes (etiology) according to the Indonesian National Institute of Health Research (SDKI PPNI) (2016) for the problem of ineffective health management are:

1. The complexity of the health care system
2. Complexity of the care/treatment program
3. Decision-making conflict
4. Lack of exposure to information
5. Economic difficulties
6. Excessive demands
7. Family conflict
8. Ineffectiveness of family health care patterns
9. Insufficient clues to action
10. Lack of social support

2.4 Dzikir Meditation Therapy

Etymologically, Dzikir comes from Arabic, meaning "remembering Allah" by "mentioning the name of Allah" for prayer and praise. Meanwhile, from a terminological perspective, the meaning of Dzikir is reciting the names of Allah as a form of remembrance of Him. Based on the views of scholars, for example Sayid Sabiq, the scope of Dzikir includes all acts of the heart and mouth that contain tasbih, sanctifying the name of Allah, and acknowledging all the attributes of perfection, majesty, and beauty that He possesses. In conclusion, the meaning of Dzikir is a form of remembrance of Allah and His majesty through the mouth and heart. This includes all forms of worship, such as tasbih, prayer, reading the Qur'an, to the application of pious deeds in daily life according to His sharia (Rofiq, 2023). Operationally, Dzikir is done through the recitation of sacred sentences, which include tasbih, tahmid, takbir, hauqalah, and basmalah. The following are some methods of Dzikir according to Ramadhan (2019), namely:

1. Oral Dzikir: Recited verbally through speech, either aloud or softly.
2. Breath Dzikir: Done by aligning the recitation of the Dzikir with the rhythm of the air coming in and out when breathing.
3. Positional Dzikir: Performed by maintaining a certain body posture without moving for a specified period of time.
4. Dzikir of the Heart: Recited silently in the heart without moving the tongue.
5. Secret Dzikir: A form of Dzikir that is very secret and personal, where its progress is only known by the servant and Allah SWT.

According to Islamic teachings, Dzikir can be performed at any time without time restrictions. However, there are several prime times (afdal) that are highly recommended and proven to align with physical and psychological health benefits (Rofiq, 2023), including:

1. Morning and Evening Dzikir: Done according to the instructions of the Qur'an (QS. Al-Ahzab: 41-42), namely during the time period after Subuh until sunrise, and after Asr until before Maghrib.
2. After the Obligatory Prayer: Performed after the obligatory prayer by reciting tasbih, tahmid, takbir, and the Ayat Kursi.
3. The Last Third of the Night: Performed at the same time as the Tahajud prayer, where the silent atmosphere supports the achievement of an optimal level of devotion and focus.

2.5 Deep Breathing Therapy

Deep Breathing technique is defined as a conscious and calm activity, aimed at regulating slow breathing and a relaxed, upright position to stimulate a relaxing effect on the body (Arista, 2025). Deep breathing relaxation interventions have a significant impact on the body, particularly in harmonizing the activity of the autonomic nervous system (sympathetic and parasympathetic). Proper application of this technique can reduce blood pressure, lower heart rate, and relax muscle tension. In addition to increasing focus, the hormonal regulation triggered by this process also helps individuals adapt by finding solutions to stressors, rather than simply focusing on the problem (Riamah, 2026).

According to the Indonesian Ministry of Health (2024), deep breathing relaxation techniques are effective when applied 2-4 times per day for 5-10 minutes per session. In specific medical conditions, such as hypertension, the duration of each session can be extended to 15 minutes. Optimal results are generally achieved when this technique is practiced consistently for 3-7 consecutive days. This relaxation can also be done while lying down, sleeping, or sitting, depending on the client's ability and comfort. Sitting can be done in between activities and work, with a leaning posture, relaxed shoulders, and both feet flat on the floor.

2.6 The Effect of Dzikir and Deep Breathing on Lowering Blood Pressure

The combination of spiritual approaches and breathing-based physical therapy is increasingly being researched as an effective non-pharmacological intervention for people with hypertension. The combination of Dzikir therapy and deep breathing works synergistically to induce the body's relaxation response, thereby stabilizing the nervous system and reducing hemodynamic rates (Ministry of Health of the Republic of Indonesia, 2024). Through parasympathetic stimulation, these two methods not only calm the mind but also have a direct physiological effect on lowering blood pressure. This relaxation intervention has been shown to positively contribute to hypertension management by reducing stress levels and increasing physical well-being (Making, 2021).

According to Riamah (2026), regular practice of Dzikir therapy results in mental peace and significant stress reduction. As a complementary healing

method, Dzikir involves consciously and regularly glorifying the name of Allah SWT. Physiologically, Dzikir activity can stimulate the hypothalamus to release endorphins, which induce a sense of well-being, while simultaneously suppressing the activity of the sympathetic nervous system (Riamah, 2026). This suppression of the sympathetic nervous system inhibits the secretion of epinephrine and norepinephrine, which trigger increased heart rate and blood pressure, thereby reducing pain and tension in hypertensive patients (Riamah, 2026). Furthermore, controlled breathing patterns and muscle relaxation through deep breathing also help optimize minute ventilation, decrease respiratory rate, and reduce blood lactic acid levels (Making, 2021).

The effectiveness of combining these two methods is supported by the findings of Riamah (2026), who noted a significant effect between the control and intervention groups of the combination of deep breathing exercises and Dzikir on reducing blood pressure in elderly people with hypertension in the Simpang Tiga Pekanbaru Community Health Center Work Area. In line with this, a study by Arista (2025) revealed that the implementation of a combination of slow deep breathing and Dzikir for 30 minutes carried out routinely for four consecutive days was proven to provide a very significant reduction effect on the patient's blood pressure numbers. Not only that, Wijonarko (2024) who conducted a literature study revealed that deep breathing exercises synergized with Dzikir recitation had a significant impact in reducing blood pressure numbers, both in systolic and diastolic values for people with hypertension.

2.7 Nursing Care Concept for Families with Hypertension Problems

2.6.1 Assessment

The assessment phase of family nursing care focuses on gathering comprehensive information, both from the primary client and all family members living in the home (Salamung, 2021). The data collected also focuses on the patient's hypertension, including:

1. General data/Family identity

   General data that needs to be reviewed includes the name of the head of the family, complete address, religious identity, ethnic and cultural background, social class status, family composition, family type, distance to the nearest health service and means of transportation.

2. Health condition data for all family members

   This section documents the health profile of each individual in the household, including name, age, gender, education level, and current profession. The assessment focuses on nutritional status (Body Mass Index/BMI, which detects obesity as a cardiovascular risk factor), vital signs monitoring (especially blood pressure fluctuations), immunization history, use of assistive devices, and current complaints. Family history of hereditary diseases or allergies is also explored in depth to determine patterns of genetic transmission of hypertension.

3. Environmental health data

   The environmental assessment instrument focused on mapping basic sanitation and physical aspects of housing, including the quality of clean water supplies, wastewater disposal systems, waste

management mechanisms, and the availability of family toilet facilities. The evaluation also covered air circulation (ventilation), flooring materials, and the typology and physical characteristics of the house.

4. Family structure data

   The family structure data collected included communication patterns when reporting illness; the division of roles related to responsibility for medical financial decisions and the appointment of a Medication Supervisor (PMO); and shared values and norms, such as beliefs about dietary restrictions (low salt/fat) and a preference for traditional medicine over medical treatment.

5. Family history and developmental stage data

   The focus of this aspect of the study is to identify the current phase of the family's life cycle, which is determined by the age group of the oldest child. Next, an evaluation is conducted to assess the family's effectiveness in implementing the developmental tasks inherent in that phase. In families with hypertension, this is often found in the aging or middle-aged family developmental stage, where the primary task is maintaining optimal body function and adapting to declining physical health.

6. Family function data

   The family function data collected includes affective function, socialization function, reproductive function, economic function, and health care function.

a. Affective function

The function of assessing the fulfillment of socio-emotional needs, mutual affection, and level of concern between family members in providing psychological support for hypertension sufferers to avoid chronic stress.

b. Socialization function

This function describes how the family teaches its members to socialize with each other in society, instilling values, responsibility and discipline in family members.

c. Reproductive function

This function explains how the family ensures continuity between generations in society, things that need to be studied are the number of children, whether they participate in family planning programs or not, and whether they have problems with reproduction or not.

d. Economic function

It is also important to examine how the family meets the needs of its family members, their work, income and expenses in the family to ensure the fulfillment of low-salt diet nutrition and the ability to purchase hypertension medication outside of insurance coverage.

e. Health care function

In the health care function, what needs to be collected in cases of hypertension is to explore the extent to which the family is able

to be independent or has actually failed in caring for its sick member.

a. Ability to recognize hypertension problems

   Assessing understanding of the definition of hypertension, being able to recognize emergency signs or symptoms experienced by patients, such as severe headaches, stiff neck, blurred vision, or a feeling of heaviness in the neck. Also assessing the perception of hypertension as a serious disease requiring treatment, or simply being considered trivial (Asmadi, 2023).

b. Ability to make appropriate health action decisions for the family

   Assess the family's response and readiness when symptoms of hypertension appear or when the patient's blood pressure suddenly spikes (Asmadi, 2023).

c. The family's ability to care for family members with hypertension

   Assessing the family's ability to provide and control a diet for hypertension, acting as a supervisor for taking medication, and supporting and accompanying patients in carrying out non-pharmacological therapy to relieve complaints (Asmadi, 2023).

d. The family's ability to modify the home environment

Analyzing how the physical and psychological environmental conditions in the home are arranged for the comfort of hypertension sufferers (Asmadi, 2023).

e. The family's ability to utilize health service facilities

Assess the family's relationship and interactions with formal healthcare providers during routine check-up visits. Assess whether there are any barriers to access and how they utilize healthcare facilities as primary referrals, or whether they only visit when the patient's condition is already experiencing severe complications (Asmadi, 2023).

7. Family coping data

A family's adaptive capacity is assessed by identifying the presence or absence of psychosocial or economic pressures they are facing. This analysis is then directed at measuring the quality of the family's mental resilience to determine whether their problem-solving strategies are adaptive or maladaptive.

8. Physical examination

The examination was carried out using 4 techniques from head to toe, including inspection, palpation, percussion and auscultation to obtain objective data.

2.6.2 Nursing Diagnosis

In clinical practice, nursing diagnosis is defined as a systematic assessment of the responses shown by individuals, families, and

communities in dealing with health problems and life processes, including their actual and potential vulnerability to these risks (Salamung, 2021).

The diagnosis of Ineffective Health Management, code D.0116, is a pattern of organizing and integrating health problems into daily living habits that is not satisfactory for achieving the desired health status. This problem can be caused by several factors/etiologies, including:

1. The complexity of the health care system
2. Complexity of the care/treatment program
3. Decision-making conflict
4. Lack of exposure to information
5. Economic difficulties
6. Excessive demands
7. Family conflict
8. Ineffectiveness of family health care patterns
9. Insufficient clues to action
10. Lack of social support

This behavior is characterized by major signs and symptoms revealing difficulties in undergoing a treatment/medication program, non-compliant behavior in the treatment given, failure to take action to reduce risk factors, failure to follow medical instructions, difficulty integrating therapy into daily activities, and ignoring symptoms and signs of disease that appear with various causes (PPNI, 2016).

2.6.3 Nursing Care Plan

Table 2.1 Nursing Care Plan

Nursing Diagnosis (SDKI)	Objectives/Result Criteria (SLKI)	Intervention (SIKI)
Ineffective Health Management (D.0116)	**Health Management L.12104** After nursing intervention for ..x..hours, it is expected that health management will improve with the following criteria: 1. Taking action to reduce risk factors increases 2. Implementing an increased maintenance program 3. Daily living activities effectively meet health goals and improve 4. Verbalization of difficulties in undergoing the care/treatment program decreased	**Health Education (I.12383)** **Observation** - Identify readiness and ability to receive information - Identify factors that can increase and decrease motivation for clean and healthy living behavior. **Therapeutic** - Provide Health Education materials and media - Schedule Health Education as agreed - Give an opportunity to ask questions - Online Health Education **Education** - Explain the risk factors that can affect health - Teach clean and healthy living behavior - Teach strategies that can be used to improve clean and healthy living behaviors.

2.6.4 Nursing Implementation

Referring to the Indonesian Nursing Association (SIKI PPNI) (2019), the nursing implementation stage is defined as the concrete manifestation of the intervention program previously formulated in the planning phase. This stage represents clinical actions, both direct and indirect care, executed by nursing staff to optimize patient health outcomes.

To reduce blood pressure in hypertensive patients, the focus of implementation in this family nursing care combines independent nursing actions, family education, and complementary therapies. This case study specifically highlights the combination of two therapeutic techniques as the primary basis of the intervention: Zikr Meditation and Deep Breathing exercises, with the following implementation steps:

1. Patient and environmental preparation. Create a quiet, comfortable, and noise-free home environment. Assist the client to assume the most relaxing sitting or lying position.
2. Using a tensiometer, the client's blood pressure is measured and the complaints they are currently experiencing are assessed.
3. After the examination, the client should be positioned as comfortably and relaxed as possible, and may lean back. The client should be asked to close their eyes and hold their upper abdomen or chest.
4. Slowly start doing deep breathing techniques by inhaling through your nose for 4 seconds, holding for 2 seconds, and exhaling through your mouth for 4 seconds 3–5 times until your body feels relaxed.

5. After several deep breaths, the client is instructed to recite Tayibah phrases such as Subhanallah, Alhamdulillah, Allahu Akbar, or Astaghfirullah repeatedly with deep appreciation and reverence as they exhale. This technique should be performed for five minutes.
6. The client opens their eyes slowly, takes one deep breath, and evaluates the end by re-measuring blood pressure and asking again about the post-intervention pain scale.

2.6.5 Nursing Evaluation

Medical interventions for patients and their families are implemented in stages through a series of mutually agreed-upon scheduled visits. If the interventions provided do not achieve satisfactory results, nursing staff are obliged to reevaluate and adjust the care strategy. During the evaluation phase, nurses focus on assessing the progress of the patient's health condition within the family, measuring their responses against predetermined outcome criteria, and drawing conclusions regarding the achievement of the previously established health problem-solving targets (Salamung, 2021).

In this case, an evaluation was conducted to test the effectiveness of the combined intervention of Zikir Meditation and breathing methods in addressing the issue of Ineffective Health Management. Based on the Indonesian Nursing Outcome Standards (SLKI) from PPNI, the evaluation plan is determined by the achievement of the main outcome, namely the improvement of Health Management after the implementation of care visits within a predetermined time period. This evaluation process was carried out

systematically using the SOAP method (Subjective, Objective, Analysis, Plan) by measuring the following outcome criteria indicators:

1. Evaluation of the client's ability to take action to reduce risk factors. This is characterized by family assistance in limiting dietary salt/sodium intake and creating a stress-free home environment for the client.
2. Implementing a treatment program is characterized by family compliance in accompanying the patient to take antihypertensive medication regularly.
3. Effective daily living activities to meet health goals are characterized by the ability of clients and families to integrate complementary therapies such as Dzikir Meditation and Deep Breathing as a daily routine when pain symptoms appear.
4. Verbalization of difficulties in adhering to the care or treatment program decreased, as evidenced by a reduction in complaints of confusion or hopelessness expressed by family members regarding the care of a relative with chronic hypertension.