

Knowledge, Self-Care Practices, and Quality of Life Among Older Adults with Hypertension in Kidapawan City

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ABSTRACT

Hypertension is a prevalent condition among the elderly, often leading to significant health complications and reduced quality of life. This study investigates the relationship between knowledge, self-care, and the quality of life among older adults with hypertension in Kidapawan City. A predictive correlational design was employed involving 106 participants aged 60 and above diagnosed with hypertension. Data were collected through adopted questionnaires, a validated tool that has undergone rigorous validation processes in multiple studies and has been adapted for various populations. Purposive sampling was utilized to choose participants from community, health centers and hospitals in Kidapawan City. The study revealed that the demographic profile of participants showed a predominance of females, retirees, individuals with high school-level education, and a significant portion reporting lower income levels. Participants showed a high level of knowledge about hypertension, which was significantly correlated with quality of life. Both knowledge and self-efficacy are significant predictors of quality of life among older adults, indicating that empowering older adults with information and confidence leads to better outcomes. These findings underscore the critical roles of healthcare providers in enhancing patient knowledge through continuous education, make informed lifestyle choices, sustaining long-term engagement and adherence. It emphasizes the need for collaborative efforts among health care systems, public health agencies, community networks, and families on improving sustainable support initiatives that are accessible to older adults, especially in underserved or rural areas.

Keywords: *Social Science, Quality of life, Descriptive Predictive, Kidapawan City*

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Introduction

Hypertension is a chronic condition affecting millions of older adults worldwide, significantly impacting their health and quality of life. According to the World Health Organization, approximately 1.13 billion people globally are living with hypertension, with a substantial portion of this population being older adults who are particularly vulnerable to its complications, including cardiovascular diseases and cognitive decline (Owen et al., 2020). Even though hypertension is prevalent, many older

persons are still not well-informed about how to manage it with self-care techniques (Gusty et al., 2022). Moreover, hypertensive older persons encounter significant obstacles that affect their general health (Zhang, L. et al. 2021).

The necessity of addressing the health issues of people aged 65 and above is shown as their count is expected to quadruple by 2025 as the world population ages (World Health Organization, 2021). With rates rising from 38.4% in 2015 to 41.1% in 2040, Croatia too is expected to have the highest prevalence of hypertension in Europe. With

estimates of 34.6% among men by 2040, nations like Pakistan in South Asia are anticipated to have a high incidence of hypertension. Though it varies significantly by location and nation, the worldwide burden of hypertension is significant. Particularly impacted low- and middle-income nations are those whose increased prevalence rates result from urbanization and lifestyle changes (Schutte et al., 2021). Furthermore, research by Yang et al., 2023 shows that persons with better socio-economic levels reported improved quality of life scores.

This trend is also evident in the Philippines since local studies by the DOH in Region 12 on hypertension have highlighted significant challenges and trends similar to those observed in global research. In addition, the Philippine Clinical Practice Guidelines 2020 emphasize the urgent need for effective management strategies tailored to the Filipino population, noting that hypertension remains a leading cause of morbidity and mortality, particularly among older adults (Ona et al., 2021). While awareness of hypertension has improved, control rates are still low, with only 27% of treated individuals reaching target blood pressure levels, according to a series of national surveys conducted over decades, in addition to the PRESYON studies, which show a rising trend of hypertension in the Philippines (Philippine Heart Association, 2021). Sociodemographic characteristics, including age, sex, education level, and living situation, have a significant influence on the prevalence and treatment of hypertension in older Filipinos, claim Abalos et al. (2024).

Existing research has primarily focused on specific regions or demographics, leaving a gap in understanding how self-care practices affect diverse populations of older adults globally (Rahmat et al., 2024). This study aims to assess the levels of knowledge and self-care practices among older adults with hypertension in Kidapawan City and evaluate their impact on quality of life. Similarly, Jones et al. (2020) found gaps in comprehension among older people in urban

settings, emphasizing the importance of personalized educational programs to improve hypertension knowledge. Moreover, hypertension remains a problem in the Philippines due to its increasing prevalence, high rates of unawareness, low rates of blood pressure control, and poor risk profile (Sison, J 2023). While there are government efforts to address the growing prevalence of hypertension in the country, more efforts should be made to bring these government programs to older Filipinos.

Methods

Research Design

A predictive correlational was utilized to examine the relationships between knowledge, self-care practices, and quality of life among older adults with hypertension. This approach is effective for identifying relationships between variables and predicting outcomes based on these relationships.

Setting

The study was conducted in Kidapawan City, North Cotabato, Philippines. The city comprises 40 barangays and faces significant health challenges, including a high prevalence of hypertension. Data collection occurred in community centers, healthcare facilities, and residential areas.

Participants

The study recruited 106 participants aged 60 years and above who had a confirmed diagnosis of hypertension by a healthcare professional. These inclusion criteria ensured the sample was representative of the target population experiencing the health condition under investigation. Participants were selected using purposive sampling to intentionally include individuals who met specific characteristics relevant to the study

objectives, allowing for in depth exploration of knowledge, self-efficacy, and quality of life in this demographic. The sample size was determined based on power analysis to detect statistically significant relationships between key variables. This approach ensured sufficient statistical power while maintaining feasibility within the study context.

Exclusion criteria included individuals unable to provide informed consent or residing outside Kidapawan City.

Instrumentation

The researcher used an adopted standardized questionnaire to evaluate knowledge about hypertension. The Hypertension Knowledge-Level Scale (HK-LS) is essential for assessing hypertension-related knowledge among older adults. It was developed by Baliz Erkoc et al. 2012 to evaluate the hypertension-related knowledge of hypertensive patients. The HK-LS has established content and construct validity, with a Cronbach's alpha of 0.82 for the entire scale.

For Self-care practices, the researcher used the adopted Hypertension Self-Care Profile (HBP SCP) questionnaire based on validated theoretical approaches to evaluate patients' self-care behavior, motivation, and self-efficacy related to high blood pressure. The HBP SCP, developed by Han, Song et al. (2014), covers three key domains of behavior, motivation, and self-efficacy that can be used concurrently or independently. The HBP SCP has been shown to possess good validity and reliability in previous studies, with Chronbach Alpha values typically reported above 0.80 for its subscales.

The Quality-of-life assessment tool was evaluated using the WHOQOL-BREF from the World Health Organization tool across

four domains. This questionnaire measures subjective quality of life across physical, psychological, social, and environmental domains. The questionnaire assessed the quality of life of the elderly with hypertension. The data collection process which comprised four parts to gather data from the respondents. The first part was the demographic profile, which included the age, sex, educational attainment, marital status, employment status and monthly income. The second part is an adopted questionnaire from The Hypertension Knowledge-Level Scale (HK-LS). The third part was adopted from Hypertension Self-Care Profile (HBP SCP) questionnaire by Han, Song et al. (2014) and the last part is the Quality-of-life assessment tool was evaluated using the WHOQOL-BREF from the World Health Organization tool across four domains. The questions are answerable in terms of level of agreement. Permission was requested to use the instrument via email and the tool underwent a content validity index test.

Data Analysis

The data were analyzed using several statistical techniques. Descriptive statistics (frequencies, percentages, means, and standard deviations). Spearman Rho was utilized to determine the strength and direction of the association between knowledge levels regarding hypertension management, self-care practices, and quality of life outcomes among older adults and Kernel Regression Analysis is a nonparametric statistical tool used to examine the relationship between relationships self-care practices, knowledge, and quality of life among older adults, ultimately leading to more meaningful and actionable insights. In addition, kernel regression was chosen for this study because it is a non-parametric technique well-suited for predictive analysis

enhances predictive accuracy and model robustness, providing clearer insights into the factors influencing quality of life among older adults with hypertension.

This study has three primary limitations. First, the use of purposive sampling restricts the generalizability of the findings, as the selected participants may not fully represent the broader population of older adults with hypertension. Second, the geographic confinement to Kidapawan City limits the transferability of results to other regions or countries with potentially different healthcare systems and cultural contexts. Finally, the reliance on self-reported data introduces the potential for inaccuracies due to subjective recall bias and the desire to present oneself in a favorable light. The gathering of data was done in October 2024.

Ethical Consideration

Informed consent from all participants prior to data collection was observed. Participants were fully informed about the study's purpose, procedures, potential risks, and benefits, ensuring they understood their voluntary participation and right to withdraw at any time without penalty.

In the gathering, retaining, and processing personal data, researchers followed the criteria of transparency, legitimate purpose, and proportionality (Data Privacy Act of 2012). In terms of privacy and confidentiality, the respondents were given the freedom to stay anonymous. Even if the respondents indicated their names and other identifying information, this information was not associated with any part of the written report of the research. The data gathered in this study was kept confidential. The researcher meticulously adhered to the recommended ethical guidelines and standards throughout the entire study.

RESULTS AND DISCUSSION

Table 1. The Demographic Profile of the Respondents.

Demographic Profile	Frequency (n=106)	Percentage
Age:		
60-62 yo	29	27.4%
63-65 yo	31	29.2%
66-68 yo	13	12.3%
69-71 yo	9	8.5%
72-74 yo	10	9.4%
75-77 yo	3	2.8%
78-80 yo	6	5.7%
81-83 yo	3	2.8%
84 & above	2	1.9%
Total	106	100%
Sex:		
Male	30	28.3%
Female	76	71.7%
Total	106	100%
Educational Attainment:		
No Formal Education	4	3.8%
Elementary level	22	20.8%

Highschool level	59	55.7%
College level	2	1.9%
College Graduate	19	17.9%
Total	106	100%
Marital Status:		
Single	5	4.7%
Married	67	63.2%
Widowed	34	32.1%
Single	5	4.7%
Total	106	100%
Employment Status:		
Employed	15	14.2%
Unemployed	44	41.5%
Retired	47	44.3%
Self-Employed	15	14.2%
Total	106	100%
Monthly Income:		
Below 10,000 PHP	56	52.8%
10,000-20,000 PHP	21	19.8%
20,000 PHP-30,000 PHP	13	12.3%
30,000 PHP-40,000 PHP	7	6.6%
40,000 PHP & Above	9	8.5%
Total	106	100%

Table 1 reveals the respondents' demographic profile, which provides valuable insights into the characteristics of the sample population, particularly in terms of age, sex, educational attainment, marital status, employment status, and monthly income. Among the age groups, respondents aged 63-65 represented the highest frequency at 31 participants (29.2%), indicating that this age bracket is a significant segment of the study population. Conversely, the age group of 84 years and above had the lowest representation, with only 2 participants (1.9%).

Regarding sex, females comprised the majority, with 76 participants (71.7%), while males accounted for only 30 participants (28.3%). Regarding educational attainment, the highest frequency was observed in respondents with a high school education, comprising 59 participants (55.7%). This suggests that a significant portion of the sample has

completed secondary education, which may influence their ability to understand health information and engage in self-care practices effectively. On the other hand, those with no formal education represented the lowest frequency, with only 4 participants (3.8%). This low number indicates that most respondents have at least some formal education, which benefits health literacy.

Regarding marital status, the highest frequency was among married individuals, with 67 participants (63.2%). This finding suggests that social support systems may be more robust among married individuals, potentially positively impacting their quality of life and self-care practices. Conversely, single respondents had the lowest representation, with only 5 participants (4.7%).

The largest group in employment status was retirees, comprising 47 participants (44.3%). This reflects a common trend among older adults

transitioning out of full-time employment as they age. Retired individuals may have different healthcare needs and self-care practices than those still employed. In contrast, the unemployed category had a similar representation, with 44 participants (41.5%), indicating that many older adults may not be actively engaged in the workforce due to health issues or other factors related to aging.

Finally, regarding monthly income, the highest frequency was found in respondents earning below 10,000 PHP, with 56 participants (52.8%) indicating potential financial constraints that could impact their access to healthcare services and resources for effective self-care. The lowest income bracket, represented by those earning 40,000 PHP and above, included only 9 participants (8.5%).

Table 2. The Knowledge Level on Hypertension among Older Adults.

Knowledge	Mean	SD	Interpretation
Overall	3.6	.77	High

Note: Note: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low; SD- Standard Deviation.

Table 2 demonstrates the knowledge level on hypertension among older adults in this study yielded an overall mean score of 3.6 (SD = 0.77), categorized as High. This finding indicates that participants generally possess a strong understanding of hypertension and its management, which is crucial for effective self-care and adherence to treatment protocols. This is significant because a strong understanding of hypertension improves health outcomes. Research indicates that patients with higher knowledge levels regarding their condition are more likely to adhere to treatment regimens and engage in healthier lifestyle choices, ultimately leading to better blood pressure management (Dastan et al., 2022).

Another study in Baltimore, Maryland, reported that approximately 85% of patients correctly identified high blood pressure and understood its implications, indicating a generally high level of hypertension knowledge among participants (Huang et al., 2020). This study emphasized the positive correlation between hypertension knowledge and healthy lifestyle practices, such as dietary salt reduction and regular exercise. Furthermore, the systematic review by Oliveria et al. (2021) supports that health education enhances knowledge, improving adherence to treatment among hypertensive patients, particularly in older populations.

Table 3. The Self-Care Practices Level among Older Adults with Hypertension.

Indicators	Mean	SD	Interpretation
Behavior	2.63	.52	High
Motivation	3.16	.54	High
Self-Efficacy	2.95	.61	High
Overall	2.91	.56	High

Note: 3.26-4.00---Very High; 2.51-3.25---High; 1.76-2.50---Low; 1.00-1.75---Very Low; SD- Standard Deviation.

Table 3 shows that the level of self-care practices among older adults with hypertension was assessed across three key indicators: Behavior, Motivation, and Self-Efficacy. With a mean score of 3.16 (SD = 0.54), the Motivation level among older adults with hypertension was high. This suggests that older adults are generally motivated to engage in self-care practices related to their condition. Motivation is crucial as it drives individuals to adhere to treatment regimens, maintain healthy lifestyles, and actively participate in managing their health.

Research indicates that motivation can significantly influence self-care behaviors, as more motivated individuals tend to have better health outcomes due to their commitment to follow prescribed health behaviors, such as medication adherence and lifestyle modifications (e.g., diet and exercise). Research shows that motivated individuals are more likely to engage in health-promoting behaviors, which can lead to improved management of chronic conditions like hypertension (Lemos et al., 2020). This aligns with findings from (Huang et al., 2020) a study in Ethiopia, where motivation was identified as a significant factor associated with good self-care practices among hypertensive patients. These consistent findings across diverse populations highlight the universal importance of motivation in chronic disease management. They suggest that interventions aiming to enhance motivation—through education, goal-setting, and supportive environments—are likely to yield significant improvements in self-care behaviors and, ultimately, health outcomes for older adults with hypertension.

Conversely, the behavior score was the lowest at 2.63 (SD = 0.52), yet it was still categorized as high. This indicates that while there is a strong motivation to engage in self-care, the actual behaviors may not fully align with this motivation. Factors influencing behavior may include barriers such as lack of knowledge about effective self-care practices, physical limitations, or inadequate support systems. Previous studies have shown that despite having the motivation, older adults often struggle with implementing behavior changes necessary for effective hypertension management, such as dietary adjustments or regular physical activity. This finding is consistent with literature indicating that effective self-care behaviors are crucial for managing hypertension and preventing complications (Ojangba et al., 2023). For instance, a study highlighted that patients who actively engage in self-care practices, including dietary modifications and regular exercise, experience better blood pressure control and overall health outcomes (Kodala et al., 2023).

The significant relationships observed suggest that higher self-care practices are associated with better quality-of-life outcomes. Specifically, the correlation coefficient for behavior indicates that engaging in health-promoting behaviors—such as adhering to medication regimens, maintaining a healthy diet, and exercising—contributes positively to the quality of life. The motivation score reflects the internal drive to manage one's health effectively. In addition, increased motivation correlates with higher quality of life, suggesting that when older adults are motivated to engage in self-care, they experience better health outcomes. The strongest correlation was found in self-efficacy, which emphasizes the importance of confidence in one's ability to manage hypertension. Therefore, higher self-

efficacy is linked to improved adherence to self-care practices, ultimately leading to enhanced quality of life (Hidayat et al., 2024).

Moreover, fostering a social support environment can enhance motivation and behavior by encouraging accountability and providing resources for those seeking to improve their self-care practices. The overall mean score is a high score of 2.91 (SD= 0.56). The results show that self-care practices are high, with a mean among older adults with hypertension, suggesting a strong foundation for effective self-management of hypertension, emphasizing the need for continued support and education to maintain and enhance this confidence. This suggests that, despite the challenges faced by this

demographic, many older adults are actively participating in self-care behaviors that are crucial for managing their hypertension effectively. Additionally, a study found that self-management interventions significantly improved self-efficacy and medication adherence among older adults with hypertension, demonstrating the positive impact of enhancing patients' confidence in managing their health (Mok et al., 2021). Furthermore, Bandura's Social Cognitive Theory posits that self-efficacy influences motivation and participation in health-promoting behaviors, which can lead to improved health outcomes (Bandura, 2020).

Table 4. The Quality of Life among Older Adults with Hypertension.

Indicators	Mean	SD	Interpretation
Physical	3.78	.64	High
Psychological	3.81	.46	High
Social Relations	3.73	.67	High
Environment	3.79	.59	High
Overall Quality of Life	4.07	.65	High
Overall	3.84	0.60	High

Note: Note: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low; SD- Standard Deviation.

Table 4 demonstrates that the highest mean score was found in the Psychological domain, with a mean score of 3.81. This indicates that older adults with hypertension generally experience a high level of psychological well-being, which is crucial for managing chronic conditions effectively. Research supports this finding, suggesting that psychological health significantly influences the overall quality of life in older adults with hypertension (Mardiana et al., 2021). Positive psychological well-being can

enhance coping strategies and resilience, leading to better management of health conditions and improved adherence to treatment regimens.

The lowest mean score was observed in the Social Relations domain, with a mean of 3.73. While still categorized as high, this score suggests that there may be some challenges in social interactions or support systems among older adults with hypertension. Social relationships are vital for emotional support and can significantly

impact health outcomes. A study indicated that social support is crucial in enhancing the quality of life for older adults, particularly those managing chronic illnesses like hypertension (Gonzalez et al., 2021). The relatively lower score in this domain highlights the need for interventions to improve social connectivity and support networks for older adults.

The overall high quality of life scores across all domains suggest that older adults with hypertension manage their condition relatively well. However, there remains room for improvement, particularly in fostering social connections. Interventions promoting social engagement and community involvement could further enhance the quality of life by addressing gaps in social relations.

Table 5: The Relationship Test between the Level of Knowledge and Quality of Life on Hypertension among Older Adults.

Independent Variable	Quality of Life			
	r_s	p-value	Decision	Remarks
Knowledge	.297	.002	Reject H_{01}	S

Note: $p < 0.05$ (Significant); $r_s = \rho$; DV- QOL

Table 5 shows the relationship between level of knowledge and quality of life on hypertension among older adults. The results revealed a significant, positive relationship between the level of knowledge and quality of life ($r_s = .297$, $p = .002$). This led to the rejection of the null hypothesis (H_{01}) as its p-value is less than 0.05 alpha level of significance. It further suggests that an increase in knowledge level is correlated with an increase in their quality of life. As a result, the critical role of managing hypertension in older adults emphasizes that increased

knowledge about blood pressure management leads to better treatment adherence and improved outcomes, thereby enhancing overall quality of life (Egan et al., 2023). Moreover, health-promoting behaviors, closely linked to knowledge about health conditions, significantly predicted higher quality of life scores among participants. This supports the notion that increased health knowledge can lead to better health behaviors and improved quality of life for older adults with hypertension (Manasatchakun et al., 2021).

Table 6: The Test of Relationship between the Self-Care Practices and Quality of Life on Hypertension among Older Adults.

Self-Care Practices	Quality of Life			
	r_s	p-value	Decision	Remarks
Behavior	.235	.015	Reject H_{02}	S
Motivation	.261	.007	Reject H_{02}	S

Self-Efficacy	.410	<.001	Reject H ₀₂	S
Overall	.302	.007	Reject H ₀₂	S

Note: p<0.05 (Significant); r_s= rho; IV- SCP; DV- QOL

Table 6 shows the relationship between the level of self-care practices and quality of life on hypertension among older adults. The results revealed that there is a significant, positive relationship between the level of self-care practices and quality of life in terms of behavior ($r_s = .235$, $p = .015$), motivation ($r_s = .261$, $p = .007$), self-efficacy ($r_s = .410$, $p < .001$) and quality of life. These led to rejecting the null hypothesis (H₀₂) as their p-values are less than 0.05 alpha significance level. Each dimension of self-care practices positively correlates with quality of life, leading to the rejection of the null hypothesis (H₀₂). It further suggests that an increase in self-care practices is correlated with an increase in their quality of life.

Moreover, self-care in patients with high blood pressure has been announced as a key step in reducing the hypertension pandemic, and it is considered an important component of personal care to improve quality of life (Irwan et al., 2020). In addition, adequate knowledge and effective practices of self-care guidelines have a substantial effect on the health issues of patients with hypertension (Sommers, 2019). A similar study by Gholami et al. (2020) found that effective self-care management significantly

enhances the quality of life in older adults with chronic conditions, including hypertension, emphasizing the importance of self-efficacy and motivation in self-care practices.

The significant relationships observed suggest that higher self-care practices are associated with better quality-of-life outcomes. Specifically, the correlation coefficient for behavior indicates that engaging in health-promoting behaviors—such as adhering to medication regimens, maintaining a healthy diet, and exercising—contributes positively to the quality of life. The motivation score reflects the internal drive to manage one's health effectively. In addition, increased motivation correlates with higher quality of life, suggesting that when older adults are motivated to engage in self-care, they experience better health outcomes. The strongest correlation was found in self-efficacy, which emphasizes the importance of confidence in one's ability to manage hypertension. Therefore, higher self-efficacy is linked to improved adherence to self-care practices, ultimately leading to enhanced quality of life (Hidayat et al., 2024).

Table 7. The Test of Influence of Knowledge and Self-Care Practices on Quality of Life among Older Adults.

QOL	Observed Estimate	Bootstrap SE	Z	P-value	Decision	Remarks
Mean						

QOL	3.835	.055	70.25	0.000		
Effect						
KNOW	.152	.059	2.56	0.010	Reject H ₀₃	Significant
BEH	.030	.107	0.28	0.781	Accept H ₀₃	Not Significant
MOT	-.054	.123	-0.44	0.662	Accept H ₀₃	Not Significant
SE	.275	.109	2.52	0.012	Reject H ₀₃	Significant

Note: Significant if p-value <.05; R²= 0.2383; DV-QOL (Quality of Life).

Table 7 revealed that knowledge (OE=.152, p=.010), and self-care practices in terms of self-efficacy (OE=.275, p=.012) significantly influenced the quality of life among older adults. These led to rejecting the null hypothesis (H₀₃) as their p-values are less than 0.05 alpha significance level. On the other hand, other domains of self-care practices did not significantly influence the quality of life, such as behavior (OE=.030, p=.781) and motivation (OE=.054, p=.662). Furthermore, the findings were apparent in the results of nonparametric regression analysis, in which 23.83% of the quality of life variance can be explained by the level of knowledge and self-care practices regarding self-efficacy, as indicated by an r-square of 0.2383. This would mean that 76.17% of the variation can be attributed to factors other than knowledge and self-care practices.

Similar studies have reinforced these findings. For instance, a study in Ethiopia highlighted that good self-care practices significantly influence blood pressure control and overall health-related quality of life among hypertensive patients (Ojangba et al., 2023). Additionally, another study demonstrated that self-efficacy is critical in promoting self-care behaviors among individuals with hypertension, indicating that those who believe they can manage their condition effectively are more likely to engage in beneficial health behaviors (Mok et al., 2021). This aligns with the findings from the study that highlight the importance of

knowledge and self-efficacy in enhancing quality of life. Additionally, studies have shown that a positive perception of aging correlates with higher quality of life. This suggests that knowledge, practices, and attitudes toward aging play a crucial role in determining the quality of life for older adults (Vithya, 2024). In addition, the result supports that enhancing knowledge and self-care practices among older adults significantly influences their quality of life.

A study by Putri et al. (2021) evaluated the effectiveness of self-management on adherence to self-care and its impact on the health status and QoL of elderly individuals with hypertension. Moreover, Tan et al. (2021) systematically reviewed the association between self-efficacy and self-care in essential hypertension. They found that increased self-efficacy positively influenced self-care practices, which, in turn, improved overall health outcomes and QoL among older adults. Furthermore, older adults who possess better knowledge about hypertension and engage in effective self-care practices tend to report higher Quality of life. This suggests that educational interventions to improve understanding of hypertension can lead to better health outcomes and enhanced QoL among this demographic (Laohasiriwong, S. et al. 2021). In particular, the study found a significant influence between quality of life and hypertension awareness, suggesting that

quality of life improves with increased knowledge.

Conclusion

The finding indicates that participants understand their condition well, which is crucial for effective management and self-care practices. The study highlights the importance of self-care practices in managing hypertension among older adults. The high ratings in behavior, motivation, and self-efficacy indicate that participants are aware of their condition and actively engaged in managing it. By fostering these positive attributes through continued education and support, healthcare providers can significantly enhance the ability of older

adults to live healthier lives despite the challenges posed by hypertension.

The study also demonstrates that older adults with hypertension in Kidapawan City generally enjoy a high quality of life, as indicated by their positive ratings across physical health, psychological well-being, social relations, and environmental factors. These results underscore the importance of a comprehensive approach to health management that encompasses physical, emotional, and social well-being. By fostering supportive environments and addressing the multifaceted needs of older adults, healthcare providers, and adults policymakers can enhance their quality of life even further.

Moreover, the study demonstrates significant positive relationships between knowledge, self-care practices, and quality of life among older adults with hypertension. The results highlight the critical role that knowledge and self-efficacy play in influencing health outcomes, suggesting that enhancing these factors can improve this population's quality of life. By prioritizing educational initiatives and support systems that build confidence in health management,

stakeholders can effectively contribute to improving older adults' lives in managing hypertension.

Despite the generally positive results regarding knowledge and self-care practices, the study highlights the challenges older adults face regarding low income and potential barriers to accessing healthcare services. Furthermore, while knowledge and self-efficacy significantly influence the quality of life, other factors not examined in this study may also contribute to variations in health outcomes.

Recommendations

Based on the study's findings regarding hypertension management among older adults, several recommendations can be made to older adults, staff nurses, healthcare providers, and future researchers. For Older individual, knowledge is associated with improved health outcomes. Moreover, knowledgeable patients are more likely to engage in healthy lifestyle behaviors (Hacihasanoglu et al., 2021). In addition, understanding their condition can empower them to make informed decisions regarding their health and self-care practices. Encourage regular participation in self-care activities such as monitoring blood pressure, adhering to medication regimens, and engaging in physical activity. Establishing a routine can help manage hypertension effectively. Self-management programs significantly improve adherence to self-care practices and overall quality of life (Putri et al., 2021).

In addition, nurses can play a vital role in enhancing health literacy among older adults by providing clear explanations of medical terms and treatment plans, ensuring that patients understand their health conditions. In addition, staff nurses should pursue ongoing education in geriatric care to stay updated on best practices for managing chronic conditions like hypertension among

older adults (Kim, M. Y., et al. ,2020). Educate patients about the benefits of lifestyle modifications such as adopting the DASH diet, increasing physical activity, reducing sodium intake, and managing weight. Advocate for policies that improve financial accessibility to healthcare services for older adults, ensuring they can obtain necessary treatments without financial strain (Wilandika, A., et al. 2023).

Moreover, Researchers can conduct studies that include diverse populations of older adults to understand how cultural, socio-economic, and geographic factors influence hypertension management and quality of life. In addition, it employs mixed methods research designs to gain a deeper understanding of the lived experiences of older adults managing hypertension by combining quantitative data with qualitative insights. Furthermore, findings should be leveraged to inform public health policies promoting healthy aging. Policymakers should consider integrating self-care education into health promotion strategies for older adults, ensuring that resources are allocated to support these initiatives.

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