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CASE REPORT

# Implementation of Coaching Therapy in Hypertension Patients with Ineffective Family Care Management Problems: A Case Study

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ABSTRACT

Hypertension is a non-communicable disease or NCD that significantly contributes to increased morbidity and mortality rates (Jend & Yani, 2023). This disease is known as the "silent killer" because it often does not cause symptoms in sufferers, so most individuals are unaware that they have hypertension (Kusuma, Aryawangsa, & Satyarsa, 2020). Controlling hypertension risk factors requires awareness from sufferers and family support. One educational approach that can help individuals and families develop motivation, awareness, and the ability to manage health problems is through coaching therapy, through a collaborative and supportive approach. The research design used in this study is a descriptive case study. This study will present a case related to hypertension, where there are two families with members who have hypertension. Next, nursing care will be provided for three weeks. The assisted families will receive nursing care through five family nursing processes, starting with nursing assessment, formulation of nursing diagnoses, nursing interventions, nursing implementation, and evaluation of family nursing. Then, coaching therapy will be provided on heads of families and media related to hypertension and a low-salt diet. Measurements were taken before and after the coaching therapeutic intervention in the form of hypertension knowledge level, namely the Hypertension Knowledge Level Scale (HKLS), a low-salt diet with the Dietary Sodium Restriction Questionnaire and blood pressure

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## 1. Introduction

Hypertension is a non-communicable disease (NCD) that significantly contributes to increased morbidity and mortality rates (Jend & Yani, 2023). This disease is known as the "silent killer" because it often causes no symptoms in sufferers, leaving most individuals unaware that they have hypertension (Kusuma et al., 2020).

Hypertension remains a global problem, with the WHO ranking it as the third leading cause of death worldwide (Ministry of Health, 2019). Based on the 2018 Basic Health Research (Riskesdas), the prevalence of hypertension in East Java reached 36.32%, and in Jember Regency it reached 39.18% (Ministry of Health, 2018). Hypertension data from the Jember Regency Health Office from 2021 to 2023 shows that hypertension is the most common non-communicable disease and is a top priority for treatment. In 2021, the number of cases of hypertension in Jember reached 146,093 from 50 community health centers (Puskesmas) in Jember. In 2022, the number of cases reached 170,305. In 2023, the number of hypertension cases increased significantly, reaching 234,538 (Hamid, 2024).

Based on data from the Jember Health Office in 2024, there were a number of significant health problems in the Sukorambi Community Health Center's work area. The report showed that hypertension topped the list with 459 cases. Therefore, a participatory, collaborative educational approach is needed, focusing on empowering individuals and families in managing health issues. One educational approach that can help individuals and families grow in motivation, awareness, and ability to manage health problems is through coaching therapy through a collaborative and supportive approach (International Coaching Federation, 2020). Health Coaching is the practice of health education and health promotion to improve individual health and facilitate the effective achievement of health goals by motivating structured behavior change through a supportive relationship between participants and coaches. Coaches help participants clarify goals and provide knowledge or insight into goal achievement through examination, collaboration, and personal discovery (Petroliene, 2013) in (Amandus et al., 2021).

Therapy implementation coaching is realized and implemented through several stages, including orientation, intervention, implementation, monitoring, and evaluation. The intervention stage includes building relationships with clients and families, assessing their knowledge, discussing the goals of the coaching, creating a time contract, and creating an action plan to be implemented. In the context of family nursing, therapy coaching can empower heads of families to understand hypertension and disseminate education to other family members more effectively. This also encourages heads of families to set health goals, monitor behavior, and overcome barriers to hypertension management.

Recent studies show that health coaching can improve medication adherence, significantly lower systolic blood pressure by 8-12 mmHg, and strengthen self-control in

hypertensive patients through active family involvement as primary companions in the long-term care process (Rizanti & Susanto, 2023). A similar approach in elderly hypertensive patients also demonstrated improved self-care management and family motivation regarding risk factors with statistically significant results ($p<0.01$), thus supporting this study to explore the influence of health coaching on family care management through a case study approach (Irwan, 2025). This case study provides an overview of the role of coaching therapy in helping
families manage hypertension independently and sustainably, so that it can become the basis for developing more contextual family nursing practices. Based on the background description above, the researcher is interested in conducting research and providing family nursing care.

## 2. Cases

### Case 1

Mrs. J, 42, has suffered from hypertension for the past four years. Her blood pressure reading at her initial visit was 140/90 mmHg, which is considered stage one hypertension. The interview revealed a maternal history of hypertension, which is a risk factor for hypertension. Furthermore, Mrs. J has complained of long-standing vertigo and has been experiencing visual impairment, including loss of vision, since Eid al-Fitr 2025, potentially related to complications of hypertension or other underlying health conditions. Mrs. J rarely seeks medical check-ups at the nearest health care facility. In managing her condition, Mrs. J only takes antihypertensive medication after the examination, but does not continue follow-up visits when the medication runs out. This indicates poor adherence to long-term treatment. Her family reported that Mrs. J still frequently consumes salty foods, albeit in reduced portions. Furthermore, Mrs. J also admitted to never engaging in regular physical activity or exercise. Furthermore, both Mrs. J and her family stated that they still have a limited understanding of hypertension, its risk factors, and the importance of ongoing blood pressure management. This condition indicates the need for comprehensive and continuous health education so that patients and their families can play an active role in managing hypertension and preventing further complications in the future.

### Case 2

Mrs. S, 55 years old, has suffered from hypertension for the past five years. Her blood pressure reading at her initial visit showed a reading of 150/90 mmHg, indicating stage one hypertension. During the interview, Mrs. S complained of a stiff neck and body aches. Despite being aware of her hypertension, Mrs. S admitted to never taking antihypertensive

medication regularly. When the symptoms arose, Mrs. S chose not to seek medical attention at the nearest health facility due to fear of a worse outcome. Furthermore, Mrs. S's physical activity was limited to daily household chores and had not been accompanied by regular exercise. Mrs. S also stated that she had tried to reduce her salt intake, but had not done this consistently every day. This indicates a lack of compliance in hypertension management, both in terms of medication, physical activity, and diet, potentially increasing the risk of complications if optimal blood pressure control is not immediately implemented.

Table 1. Case Description

| Case 1 | Case 2 |
|---|---|
| • Mrs. J, 42 years old, has been suffering from hypertension for the past four years.<br>• The results of the blood pressure examination at the initial visit showed a value of 140/90 mmHg.<br>• Mrs. J complained of experiencing vertigo for a long time and is currently experiencing visual impairment to the point of not being able to see since Eid al-Fitr 2025, which is potentially related to complications of hypertension or other accompanying health conditions.<br>• Mrs. J rarely goes for health checks at the nearest health service facility.<br>• Mrs. J only took antihypertensive medication after the examination, but did not continue with the follow-up check-up when the medication had run out. | • Mrs. S, 55 years old, has suffered from hypertension for the past five years.<br>• The results of the blood pressure examination at the initial visit showed a value of 150/90 mmHg.<br>• Mrs. S admitted that she had never taken antihypertensive medication regularly. When the complaint arose,<br>• Mrs. S chose not to check herself at the nearest health care facility because she was afraid of the possibility of worse test results.<br>• Mrs. S also said that she had tried to reduce her salt consumption, but this effort had not been done consistently every day. |

In this case study, nursing assessments were conducted on two hypertensive patients with different conditions. The assessments were conducted in the first week of a single visit.

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Table 2. Nursing Assessment

| Indicator | Case 1 | Case 2 |
|---|---|---|
| Patient Identity | Mrs. J (42 years old) | Mrs. S (55 years old) |
| Current stage of family development | Families with adult and children | Families with adult children |
| Long time suffering from hypertension | 3 years | 5 years |
| **Family Health Care Functions** | | |
| Ability to recognize health problems | Patients and families are aware of hypertension, but do not yet fully understand it. | Patients and families are aware of hypertension and the signs and symptoms of hypertensions. |
| Ability to care for family members | Inconsistent care | No maintenance is performed |
| Utilization of health facilities | Never checked into a health facility | Never checked into a health facility |
| **Family Coping and Support Patterns** | | |
| Family support system | Family support exists, but is not yet active in care. | Family support is sufficient, but not yet consistent. |
| Family communication patterns | Communication is quite open; health discussions are rare | Communication is quite good, health decisions are dominated by patients. |
| **Health Knowledge and Behavior** | | |
| Knowledge about Hypertension | Low (Families have difficulty understanding information). | Moderate (Family understands the basics of hypertension) |
| Compliance with taking Medication | Not taking medication regularly | Do not take medication. |
| Self-care (diet, activity, BP monitoring) | Inconsistent because it feels Difficult | Inconsistent because it feels Complicated |
| **Physical Examination** | | |
| Blood pressure | TD fluctuates, not yet stable | TD is not yet controlled |

Based on the results of the nursing assessment conducted on two assisted families, data analysis was conducted to identify emerging problems within the families. Diagnoses were established within the first week after the assessment was completed.

Table 3. Nursing Diagnosis

| Case | Data | Etiology | Nursing Problems |
|---|---|---|---|
| 1 | DS:<br>• "I have had hypertension for the past 3 years, sis."<br>• "I couldn't see because my | The complexity of the health care system | Ineffective family health management |

| | | | |
|---|---|---|---|
| | blood pressure was so high"<br>• "I'll just check if there are any complaints"<br>• "I often eat salty food, but I rarely eat coconut milk anymore."<br>DO:<br>• TD: 140/90 mmHg | | |
| | DS:<br>• "I'm not taking any medicine now, sis, because the medicine from the doctor has run out."<br>• I just stay at home, I rarely go out, let alone exercise."<br>DO:<br>• TD: 140/90 mmHg | Inability to cope with Problems | Ineffective Health Care |
| | DS:<br>• "How can I keep my blood pressure from getting too high?'<br>DO:<br>• Actively ask questions<br>• Have BPJS access | Hypertension disease experienced | Readiness to increase knowledge |
| 2 | DS:<br>• "I never check my blood pressure"<br>• "Yes, I have known that I have hypertension | The complexity of the health care system | Ineffective family health management |

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|---|---|---|---|
| | for the past 5 years."<br>• "I don't dare to check, sis, if I check, I'm afraid the results will be worse."<br>• "I have been advised to take medication regularly but I don't want to because it will be for the rest of my life."<br>DO:<br>• TD : 150/90 mmHg | | |
| | DS:<br>• "Now, even though I don't take medicine, I have reduced my intake of salty foods."<br>• "I also exercise every morning"<br>DO:<br>• 150/90 mmHg | The family's inability to make the right decisions | Readiness for improving health management |
| | DS:<br>• "I have been reducing my intake of salty foods for a long time; I have never liked salty foods."<br>• "Besides reducing salty food, what else can I do to lower my blood pressure?"<br>DO: | Hypertension disease experienced | Readiness to increase knowledge |

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| | |
|---|---|
| | • Actively ask questions |

The nursing intervention planned to address ineffective family health management is coaching therapy. Coaching therapy will be given to two assisted families regarding hypertension. The selection of these two families as subjects in this case study was based on the unique characteristics of their health problems and their long-term history of hypertension. Nursing interventions were implemented in the second week after the diagnosis was confirmed.

Table 4. Nursing Intervention

| Objective | | Time | | Therapy Coaching | |
|---|---|---|---|---|---|
| Case 1 | Case 2 | Case 1 | Case 2 | Case 1 | Case 2 |
| After nursing action in the form of coaching therapy was carried out, it is expected that family health management (L.12105) will improve with the following outcome criteria:<br>1. Family activities to address health problems appropriately (5)<br>2. Ability to explain health problems experienced (5)<br>3. Actions to overcom | After nursing action in the form of therapy was carried outcoaching, it is expected that the level of knowledge (L.12111) will increase with the following outcome criteria:<br>1. Behavior according to recommendations<br>2. Ability to explain knowledge about hypertension<br>3. Behavior according to knowledge | The intervention was carried out over 4 meetings with an estimated 30 minutes per meeting. | The intervention was carried out over 3 meetings with an estimated 30 minutes per meeting. | Family support for planning care (I.13477)<br>Observation<br>1. Identify family needs and expectations regarding health<br>2. Identify actions that families can take<br>Therapeutic<br>1. Motivation for developing attitudes and emotions that support health efforts<br>Education | Disease process education (I.12444)<br>Observation<br>1. Identify readiness and ability to receive information<br>Therapeutic<br>1. Provide short health materials and media about the hypertension disease process.<br>Education<br>1. Explain the process of hypertension<br>2. Explain the signs and |

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| e risk factors (5) | | 1. Recommend using existing health facilities<br>2. Teach care methods that families can do | symptoms of hypertension<br>3. Explain the possibility that hypertension can cause complications<br>4. Teach how to reduce the symptoms felt |

This section describes the nursing evaluations conducted at the end of the visit week for both case studies. These evaluations assess the effectiveness of the interventions provided. They include achievement of nursing goals, changes in the client's condition, and the family's ability to support disease management.

Table 5. Nursing Evaluation

| Evaluation | Case 1 | Case 2 |
|---|---|---|
| **Formative** | • Mrs. J and her family showed a tendency towards a passive positive attitude where every time therapy was carried outcoaching listen carefully but do not actively ask questions.<br>• Mrs. J's blood pressure fluctuated from the second visit to the final visit.<br>• Mrs. J has started to routinely reduce salty foods even though she had difficulty adapting.<br>• Mrs. J's family has taken Mrs. J to the nearest health service so that she | • Mrs. S and her family showed a positive attitude every time coaching therapy was carried out, listen carefully and actively ask questions.<br>• Even though from the beginning of the assessment Mrs. S's blood pressure was higher, Mrs. S showed better performance which could be seen from the second to the last visit.<br>• Mrs. S still cannot take medication regularly but has reduced her daily salt intake. |

| | | |
|---|---|---|
| | can take her medication regularly again. | |
| **Summative** | • Blood pressure fluctuated from the initial assessment to the evaluation.<br>• Hypertension knowledge score increased (high)<br>• A low salt diet has been implemented | • Blood pressure decreased from the initial assessment to the evaluation.<br>• Hypertension knowledge score increased (high)<br>• A low salt diet has been implemented |

## 3. Discussion

Nursing implementation is the stage of carrying out the planned intervention. Implementation of therapy coaching. In both cases, the intervention was implemented in stages, spanning three weeks, lasting 30–60 minutes each. Implementation was tailored to the family's readiness and ability to receive information and make behavioral changes.

In case 1, the implementation showed an increase in family understanding of hypertension. Families began to understand the meaning of blood pressure measurement results and the importance of regular check-ups. Patients also began to reduce salt consumption and understand the importance of physical activity, although this was not yet done consistently. These findings align with research by Putri et al. (2024), which states that repeated implementation of coaching-based health education can improve family health literacy and encourage gradual behavior change. Furthermore, Potter et al. (2021) stated that repeated and contextualized implementation of education is more effective in improving health behaviors.

In case 2, implementation of therapy, coaching, helping patients and families express concerns, and begin to demonstrate readiness for behavioral changes. Patients began to understand the benefits of a low-salt diet and blood pressure control, although adherence to pharmacological treatment remained suboptimal. These results align with research by Rahmawati and Nugroho (2023), which found that behavioral change in hypertensive patients often begins with changes in perception and attitude, rather than direct adherence to treatment. Implementation involving the family as the primary support system is more effective in managing chronic disease. Family involvement can increase patient motivation and help maintain long-term behavioral changes (Rizanti & Susanto, 2023).

A comparison of the implementation of the two cases shows that, although the initial responses of the family and patient differed, both showed positive changes. Case 1 showed a dominant improvement in cognitive aspects and health literacy, while case 2 showed more prominent changes in attitudes and psychological readiness. This confirms

that the success of family nursing implementation is strongly influenced by an individualized approach, the quality of therapeutic communication, family involvement, and consistent nursing support. A flexible and adaptive coaching approach has been shown to facilitate gradual and sustainable health behavior change (Potter et al., 2021). Nursing evaluation is the final stage of the nursing process, aiming to assess the achievement of nursing outcomes based on predetermined criteria. Evaluation is conducted formatively and summatively, referring to the Indonesian Nursing Outcome Standards (SLKI) (DPP PPNI, 2018).

In case 1, the evaluation showed an increase in family knowledge and awareness of the importance of hypertension management. However, the patient's blood pressure still fluctuated, indicating that behavioral changes require time and consistency. This finding aligns with research (Whelton et al., 2018), which states that blood pressure control requires long-term patient and family involvement. Another study by Putri et al. (2024) also confirmed that increasing knowledge is the initial stage before achieving stable behavioral changes and physiological outcomes.

In case 2, the evaluation revealed a change in attitude and readiness to improve health management. The patient's blood pressure decreased, although adherence to treatment was not yet fully achieved. (Hastuti, 2019) states that health coaching can gradually improve health behaviors and control blood pressure. Furthermore, Wibowo and Lestari (2023) explain that successful hypertension control is greatly influenced by changes in attitude and family support, although adherence to therapy often takes longer to develop.

Comparative evaluation of the two cases shows that the therapy coaching has a positive impact on the cognitive and affective aspects of the family. However, the achievement of physiological outcomes such as blood pressure is greatly influenced by long-term consistency of behavior and family support. Therefore, ongoing follow-up is necessary to maintain the achieved results.

## 4. Conclusion

This case study shows that families still have a limited understanding of hypertension and appropriate treatment steps, as reflected in low levels of knowledge and non-compliance with maintaining a healthy lifestyle. The assessment analysis identified four nursing diagnoses, with the top priority being ineffective family health management due to the complexity of the care program. The intervention, which included three sessions of coaching therapy, yielded positive results, characterized by increased family understanding of hypertension, correction of misperceptions in the community, and increased knowledge scores on the post-test regarding both hypertension and a low-salt diet. The final evaluation showed that the problem of ineffective family health

management was partially resolved, as evidenced by increased family knowledge, satisfaction with the education provided, ability to care for hypertensive patients at home, and improvement in the patient's blood pressure. These findings indicate that coaching therapy can be an effective strategy in increasing family capacity in managing the health of hypertensive patients.

## Limitations

This study has several limitations, one of which is that the researchers did not receive specific training related to the standardized implementation of coaching therapy. This limited competency could potentially impact the quality of the coaching process, resulting in less-than-optimal intervention outcomes. Although the researchers attempted to consistently apply basic coaching principles, the lack of formal training could lead to variations in technique, depth of exploration, and effectiveness of communication during sessions. Therefore, it is recommended that future research involve researchers or healthcare professionals who are certified or have received specific training in coaching therapy to ensure more effective intervention implementation and produce stronger findings that are more applicable in broader contexts.

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