



A Holistic Nursing Approach to Elderly Hypertensive Patients: Integrating Physical, Psychological, Social, and Spiritual Dimensions

Aneng Yuningsih¹, Idhfi Marpatmawati², Betty Suprapti², Wawan Rismawan¹

¹Lecturer of Nursing Professional Education Study Program, Bakti Tunas Husada University, Indonesia

²Lecturer of Bachelor of Nursing study program, Bakti Tunas Husada University, Indonesia

Correspondence author: Aneng Yuningsih

Email: anengyuningsih290485@gmail.com

Address: Jl. Letjen Mashudi No.20, Setiaratu, Kec. Cibeureum, Kab. Tasikmalaya, Jawa Barat 46196

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ABSTRACT

Introduction: Hypertension is one of the most prevalent chronic conditions affecting the elderly and requires comprehensive care that addresses not only physical symptoms but also psychological, social, and spiritual needs. Despite increasing recognition of holistic nursing, limited studies have quantitatively explored its perceived effectiveness among elderly hypertensive patients. **Objective:** To examine the influence of holistic nursing care integrating physical, psychological, social, and spiritual dimensions on the quality of life and treatment adherence among elderly patients with hypertension. **Method:** This quantitative, descriptive study employed a cross-sectional design and involved 12 elderly hypertensive patients at the Elderly Community Health Post in West Java, Indonesia. Participants were selected using purposive sampling and completed a structured questionnaire consisting of four validated instruments measuring perceptions of holistic care, medication adherence, and quality of life. Data were analyzed using descriptive statistics and Spearman's rank correlation. **Results:** Participants reported high perceptions of holistic care across physical (M = 4.12), psychological (M = 3.98), and spiritual (M = 4.20) dimensions, while the social dimension was rated moderately high (M = 3.75). Treatment adherence scores were highest in medication use (M = 4.25) and check-up compliance (M = 4.00), with moderate scores for lifestyle management (M = 3.80). Quality of life was reported as high in psychological (M = 4.05) and physical domains (M = 3.85), but lower in social (M = 3.70) and environmental domains (M = 3.90). **Conclusion:** The study indicates that elderly patients with hypertension perceive holistic nursing care particularly physical, psychological, and spiritual support as beneficial to their adherence and well-being. These findings underscore the importance of integrating holistic approaches in geriatric nursing practice and suggest the need for broader implementation within community-based healthcare settings.

Keywords: Holistic nursing care, elderly, hypertension, quality of life, treatment adherence

Introduction

Hypertension remains one of the most prevalent chronic conditions affecting the elderly population worldwide. With aging comes a progressive decline in physiological functions, making older adults more susceptible to elevated blood pressure and its related complications such as stroke, heart failure, and kidney disease. The World Health Organization estimates that over 60% of adults aged 60 years and older live with some degree of hypertension, with many being unaware of their condition or inadequately managing it (AHNA, 2022). In Indonesia, the prevalence of hypertension among individuals aged ≥ 60 years reaches nearly 63%, indicating a significant public health concern that demands attention beyond mere pharmacological interventions (Riskesdas, 2018).

While hypertension management typically focuses on pharmacological therapy and lifestyle modifications, this approach often fails to address the complex interplay of emotional, social, and spiritual needs experienced by elderly patients. Older adults may suffer from loneliness, anxiety, or existential distress, especially when facing the long-term burden of chronic illness. These psychosocial and spiritual dimensions can significantly influence treatment adherence and overall health outcomes (Koenig, 2012; Taylor, 2017). Thus, there is an emerging need to expand the paradigm of care from a purely biomedical model to a more holistic framework that acknowledges the full spectrum of human experience.

Holistic nursing care offers a comprehensive approach that considers patients as whole beings—integrating physical, psychological, social, and spiritual aspects of health. The American Holistic Nurses Association defines holistic nursing as "all nursing practice that has healing the whole person as its goal." In the context of geriatric hypertension, this means not only controlling blood pressure levels but also addressing emotional support, promoting social interaction, and facilitating spiritual well-being (AHNA, 2022). Evidence suggests that patients who receive holistic care report higher satisfaction, improved quality of life, and greater trust in their healthcare providers (Dossey, B. M., & Keegan, 2016).

Psychological support, as one component of holistic care, has been linked to improved self-efficacy and medication adherence among hypertensive patients. Stress, anxiety, and depression are known to elevate blood pressure and undermine motivation to maintain treatment regimens. Therefore, integrating counseling or emotional support within nursing care may offer protective psychological effects and reduce the physiological impact of stressors (Chida et al., 2009). This is especially relevant for elderly individuals who often face emotional isolation or bereavement, which may exacerbate hypertensive symptoms (Fiori et al., 2006).

Social support, particularly from family and community networks, has also been shown to play a critical role in the management of hypertension among the elderly. Research highlights that the involvement of family caregivers, peer support groups, and culturally sensitive communication can significantly enhance patient engagement and persistence with medical advice (Bosworth et al., 2010). Nurses can act as facilitators of this support system by strengthening patients' social ties and promoting collaborative care environments (Friedman et al., 2017).

Spirituality, often overlooked in clinical settings, constitutes a vital domain of holistic care, especially among older adults who frequently draw strength from faith, meaning-making, and religious rituals. Spiritual well-being has been associated with improved coping strategies, reduced blood pressure, and greater emotional resilience (Koenig, 2012). For many elderly patients, discussing spiritual beliefs or having opportunities to engage in prayer and reflection during treatment can foster a sense of peace, acceptance, and trust in the healing process. Nurses, as frontline caregivers, are uniquely positioned to respect and support patients' spiritual needs without imposing specific beliefs (Taylor, 2017).

Despite growing recognition of the benefits of holistic care, the integration of its four dimensions physical, psychological, social, and spiritual into routine nursing practice for elderly hypertensive patients remains inconsistent. Barriers such as lack of training, institutional policies, and time constraints often prevent nurses from implementing a truly comprehensive care approach (Timmins & Caldeira, 2019). Furthermore, few studies have quantitatively examined how these dimensions collectively impact patient outcomes, leaving a gap in the empirical evidence needed to support widespread adoption of holistic models in geriatric care.

This study aims to fill that gap by quantitatively investigating the effect of holistic nursing care comprising physical, psychological, social, and spiritual dimensions on quality of life and treatment adherence among elderly patients with hypertension. By identifying which dimensions most significantly contribute to improved outcomes, the research seeks to inform nursing practice guidelines and policymaking that promote patient-centered, holistic approaches in chronic disease management for older populations. Ultimately, this study aspires to bridge the divide between medical interventions and humanistic care, aligning healthcare delivery with the holistic values that resonate deeply with elderly patients (Puchalski, 2021)

Objective

To examine the effect of holistic nursing care—integrating physical, psychological, social, and spiritual dimensions—on the quality of life and treatment adherence among elderly patients with hypertension.

Methods

Design and Setting

This study applied a quantitative descriptive design using a cross-sectional survey method to examine the impact of holistic nursing care on elderly patients with hypertension. The study was conducted at the Flamboyan Elderly Community Health Post (Posyandu Lansia Flamboyan) in Karang Tengah Hamlet, Banjar City, West Java, Indonesia, in June 2023. The setting was chosen due to its regular nursing interactions with elderly individuals suffering from chronic conditions such as hypertension.

Population and Sampling

The population of this study included elderly individuals aged 60 years and above who were diagnosed with hypertension and received routine nursing care from community health services. Inclusion criteria were: (1) being diagnosed with hypertension for at least six

months, (2) having the cognitive ability to understand and respond to questions, and (3) being willing to provide informed consent. Exclusion criteria included those with severe sensory impairments or acute comorbidities that limited participation.

A total of 12 respondents were selected using purposive sampling based on their accessibility and fulfillment of the inclusion criteria. This limited sample size was determined due to the study's exploratory nature and the constraints of time and available population within the selected site. All participants were actively involved in community health monitoring programs and had received nursing interventions at least once in the last three months.

Participants were selected with the assistance of local health cadres and nurses who identified eligible individuals during monthly visits. Once identified, the researcher approached potential respondents, explained the study purpose, and obtained informed consent before administering the questionnaire.

Instrument and Measurement

Data were collected using a structured questionnaire that was divided into four sections: demographic information, perception of holistic nursing care (covering physical, psychological, social, and spiritual aspects), treatment adherence, and quality of life. The instrument was adapted from validated tools, including the Holistic Caring Inventory (HCI), the WHOQOL-BREF for quality of life, and the Morisky Medication Adherence Scale (MMAS-8). Each item was rated using a 5-point Likert scale, ranging from "strongly disagree" to "strongly agree."

The instrument was pre-tested for clarity and relevance with 3 elderly participants outside the study sample. Reliability testing resulted in Cronbach's alpha values above 0.75 for all subscales, indicating acceptable internal consistency. The questionnaire was administered by the researcher with assistance provided if participants had difficulties in reading or understanding the items.

Data Collection and Analysis

Data collection was conducted over a one-week period, with each respondent completing the questionnaire in a face-to-face setting at the community center under the guidance of the researcher. Each session took approximately 30 minutes to complete and was conducted in a quiet and private area to ensure comfort and confidentiality.

Quantitative data were entered and processed using Microsoft Excel and SPSS version 26. Descriptive statistics were used to summarize demographic data and responses across the four holistic dimensions. Due to the small sample size, Spearman's rank correlation was applied to examine the relationships between perceived holistic nursing care and patient-reported outcomes such as adherence and quality of life. Results were considered significant at a p-value of < 0.05.

Result

This study involved 12 elderly participants diagnosed with hypertension who received holistic nursing care in a community setting. The sociodemographic characteristics of the

respondents are presented in Table 1, while descriptive results of their responses related to holistic nursing care, treatment adherence, and quality of life are shown in Tables 2–4.

Table 1. Sociodemographic Characteristics of the Participants

Variables	f	%
Sex		
Male	7	58.33%
Female	5	41.67%
Age Group		
60–69 years	4	33.33%
70–79 years	5	41.67%
≥80 years	3	25.00%
Education		
No formal education	2	16.67%
Elementary	6	50.00%
Junior High	3	25.00%
Senior High	1	8.33%
Living Arrangement		
With family	10	83.33%
Alone	2	16.67%

Table 2. Perception of Holistic Nursing Care Dimensions

Dimension	Mean	SD	Category
Physical	4.12	0.45	High
Psychological	3.98	0.50	High
Social	3.75	0.58	Moderate–High
Spiritual	4.20	0.40	High

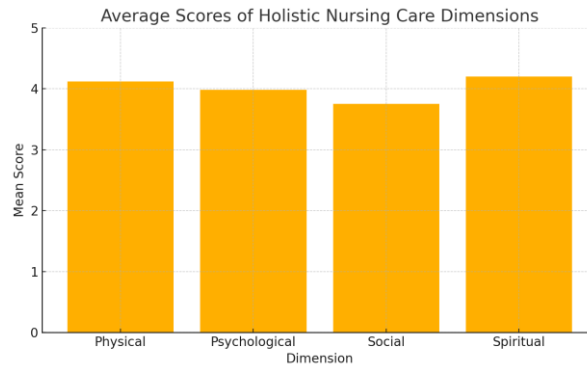
Note: Measured on a 5-point Likert scale

Table 3. Treatment Adherence of Participants

Adherence Item	Mean	SD	Category
Medication adherence	4.25	0.38	High
Lifestyle compliance (diet, activity)	3.80	0.52	Moderate
Regular medical check-up	4.00	0.60	High

Table 4. Quality of Life of Participants

QoL Domain	Mean	SD	Category
Physical health	3.85	0.42	Moderate–High
Psychological well-being	4.05	0.36	High
Social relationships	3.70	0.55	Moderate
Environmental satisfaction	3.90	0.48	Moderate–High

Figure 1. Average Scores of Holistic Nursing Care Dimensions

Discussion

This study aims to examine the influence of holistic nursing care which includes physical, psychological, social, and spiritual dimensions on medication compliance and quality of life of elderly patients with hypertension. The results showed that the majority of participants perceived high levels of support across physical, psychological, and spiritual domains, while the social dimension received moderately high ratings. Furthermore, participants reported generally high adherence to medication and regular health check-ups, with moderate adherence to lifestyle recommendations. Quality of life scores were highest in the psychological and physical domains, with slightly lower scores in social and environmental satisfaction.

These findings suggest that elderly patients with hypertension benefit from holistic nursing interventions that extend beyond physical care. The consistently high scores in the spiritual dimension indicate that spirituality plays a crucial role in how older adults manage chronic illness. Psychological support also emerged as a key factor contributing to quality of life, underscoring the importance of addressing mental well-being in geriatric care. The relatively lower score in the social dimension may reflect limited family or community engagement, which can impact emotional resilience and long-term self-care behavior.

From a clinical perspective, this reinforces the view that effective hypertension management among the elderly is not solely reliant on pharmacological therapy, but also on the holistic experience of care. The emotional reassurance provided by nurses, opportunities for spiritual expression, and feelings of being understood as a “whole person” appear to foster greater adherence and acceptance of lifelong management plans. These outcomes are in line with person-centered care principles, where nursing practice is aligned with patients’ personal values, beliefs, and lived experiences.

The findings of this study are consistent with prior literature emphasizing the multidimensional nature of chronic illness management among older adults. Spiritual support contributes positively to coping mechanisms in older patients, especially in contexts of chronic or degenerative disease (Koenig, 2012). Similarly, Dossey, B. M., & Keegan, (2016) reported that holistic care approaches enhance treatment engagement and satisfaction in geriatric patients.

Regarding psychological aspects, a study by Chida et al (2009) concluded that psychological distress such as anxiety and depression is associated with poor blood pressure control and lower medication adherence, highlighting the relevance of this dimension in hypertension care. In addition, the observed benefit of regular nurse–patient interaction resonates with findings from Bosworth et al (2010), who demonstrated that continuous psychosocial support improves self-management among hypertensive patients. However, unlike some studies where social support is often rated high among elderly populations living in collectivist societies (Fiori et al., 2006), this study found moderate social dimension scores. This discrepancy could be attributed to contextual factors such as changing family structures, rural–urban migration of children, or limited community-based elderly support systems.

These findings align with the literature stating that successful hypertension management in the elderly is determined not only by pharmacological therapy but also by meeting psychosocial and spiritual needs. A narrative review of 35 empirical studies showed that family-based care—through empathetic communication, family involvement in decision-making, and emotional support—improves therapy attendance and patient quality of life (Andini et al., 2024). This type of intervention strengthens the social dimension of holistic care, which scored relatively lower in this study.

Furthermore, nurse-led interventions have been shown to significantly impact blood pressure control, patient knowledge, and therapy adherence. A RCT study by Kolcu & Ergun, (2020) demonstrated that a 20-week nurse-led hypertension management program significantly reduced blood pressure, improved physical and mental quality of life, and improved medication adherence. These findings are supported by a meta-analysis by Ito et al (2024), which concluded that nurse-led blood pressure interventions provided better long-term blood pressure control than standard care. A study by Shi et al.(2024) also added that structured nurse-led education can reduce hospitalizations and emergency department visits, while strengthening the physical and psychological dimensions of care.

From a multidimensional assessment perspective, Comprehensive Geriatric Assessment (CGA) has been shown to improve functional outcomes, including the ability to perform activities of daily living, as reported by Meyer et al.(2023). A Cochrane meta-analysis by Ellis et al. (2017) also stated that CGA increases the chances of older adults returning to their homes, improves social functioning, and increases medication adherence without increasing the risk of mortality. This suggests that integrating comprehensive assessment into holistic care practices can provide broad benefits, across the physical, psychological, and social domains. Frailty is also an important factor to consider. A study by Shi et al. (2024)Shi et al. (2024) found that the combination of hypertension and frailty significantly increases the risk of mortality, emphasizing the urgency of early frailty detection and intervention as part of a holistic approach.

The high-scoring spiritual dimension in this study also received support from a study by Alinejad et al (2025), which showed that spiritual well-being increases resilience in older adults, helping them become more adaptive in dealing with chronic illness, functional decline, and social isolation. This reinforces the role of nursing interventions that facilitate

spiritual expression, prayer, or personal reflection as an integral part of care. Overall, the integration of family-based care, nurse-led programs, comprehensive assessments (CGA), early frailty detection, and strengthening the spiritual dimension can form an effective holistic nursing care framework for older adults with hypertension. This approach aligns with the principle of person-centered care, where care is provided according to the patient's values, beliefs, and life experiences, thereby improving their long-term fulfillment and quality of life.

The study's results highlight several practical implications. First, nurses should be trained not only in clinical competencies but also in delivering emotional and spiritual support to older adults. Interventions like active listening, empathy, simple spiritual conversations, or referrals to spiritual counselors could significantly impact patient well-being. Second, the inclusion of family members and community stakeholders in the care process can strengthen the social support perceived by elderly patients. At a policy level, integrating holistic care models into community health programs and nursing curricula could improve long-term outcomes for elderly populations. Structured protocols for assessing and documenting spiritual and psychosocial needs during nursing assessments should be developed and standardized. Additionally, patient education programs can incorporate spiritual wellness and emotional regulation as part of chronic disease management.

This study is not without limitations. The sample size was relatively small ($n=12$), which limits the generalizability of the findings. While appropriate for exploratory analysis, this sample may not represent the diversity of elderly populations across different regions or healthcare settings. In addition, the use of self-reported questionnaires may introduce response bias, especially in areas like spirituality and treatment adherence, which are subjective and may be influenced by social desirability.

Furthermore, because the study design was cross-sectional, it cannot establish causal relationships between holistic nursing care and the outcomes measured. Longitudinal or experimental designs are needed to determine the long-term impact of holistic care interventions on hypertension management among older adults.

Future studies should consider using larger, more diverse samples across multiple sites to enhance generalizability. Longitudinal research could better assess how sustained holistic care influences blood pressure control and patient outcomes over time. In addition, qualitative studies could provide deeper insights into the lived experiences of elderly patients in relation to each holistic care dimension particularly how spiritual and social support are perceived and internalized.

Another important avenue for future research involves evaluating the effectiveness of specific nursing interventions targeting individual dimensions of holistic care. For instance, studies could examine whether guided spiritual reflection sessions or structured family support visits improve clinical and psychological indicators in older hypertensive patients. The development of culturally sensitive holistic care models tailored to Indonesian elderly populations would also be a valuable contribution to the nursing field.

Conclusion

This study aimed to examine the influence of holistic nursing care integrating physical, psychological, social, and spiritual dimensions on the quality of life and treatment adherence of elderly patients with hypertension. The findings revealed that most participants perceived high levels of holistic care, particularly in the physical, psychological, and spiritual domains, which correlated with improved adherence and quality of life. These results underscore the importance of addressing the full spectrum of patients' needs in geriatric hypertension management. Holistic nursing care should be recognized as a valuable approach in enhancing patient-centered outcomes, and future efforts should focus on integrating such practices more consistently into community-based health services for the elderly.

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