
Self Care Management & Quality of Life of Coronary Heart Disease Patients during the Covid-19 Pandemic

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Abstract. Disease Heart Coronary (CHD) is disease degenerative that occurs Because existence narrowing and blockage vessels arteries that supply blood blood to in muscle heart . Height number relapse caused by Because existence a number of pattern maintenance less self Good so that influential to Quality His life . Purpose of research This For know connection between *self care management* with quality life CHD patients . Design study This use approach *cross- sectional* . The sampling technique used is *purposive sampling* with amount sample as many as 54 respondents sufferer Heart Coronary Clinic at Tugurejo Hospital Semarang Heart Clinic . Data collection using questionnaire *self care management* from *Self-Care of Coronary Heart Disease Inventory (SC-CHDI)* and *World Health Organization Quality of Life-BREF (WHOQOL-BREF)* . Statistical test results use *Spearman Rank* is obtained results *p value* 0.000 (<0.05), with mark coefficient correlation 0.463. Based on results study obtained conclusion that there is connection between *self care management* with quality life CHD Patients During Covid-19 Pandemic at Tugurejo Regional Hospital Semarang. Recommendations from study This is for energy health can notice as well as increase *self care management* with give education management of PJK with well , so will influential to improvement quality life CHD patients . For study furthermore It is better to do services and programs related behavior For increase *self care management* and quality life CHD patients .

Keywords: Covid-19 , Disease Heart Coronary , Quality of Life, Self care management



INTRODUCTION

Disease Heart Coronary (CHD) is one of the disease degenerative that occurs Because existence narrowing and blockage vessels arteries that supply blood blood to in muscle heart (Irmalitta , 2015). *Atherosclerosis* originate from Language Greek ' *athero* ' meaning porridge or paste and ' *sclerosis* ' meaning hardening . Atherosclerosis is disease marked heart with thickening and disappearance characteristic elasticity wall vessels blood arteries (Wihastuti , et al. , 2016).

World Health Organization (2017) shows factor death number 1 in the world is disease heart . *American Heart Association* identify there are 17.3 million death every the year caused by disease heart as well as number death This estimated will Keep going increase until 2030. Based on data from Riskesdas (2018) said that in Indonesia the case incident heart and blood vessels blood the more increasing in every each year , there are 2,784,064 people who suffer from disease cardiovascular . The results of the 2018 Basic Health Research (Riskesdas) show that by 1.5 percent or 15 out of 1,000 Indonesians suffer disease heart Coronary . While If seen from reason death the highest in Indonesia, according to The 2014 Sample Registration System survey showed 12.9 percent death consequence disease heart coronary .

In research Syaibatul et al. (2019) found as many as 60.4% of patients disease heart Coronary No obedient control . The results of the study conducted Saparina (2019) obtained as many as 54.4% of CHD sufferers have pattern undereating good and 44.1% have *hypertension* . A study conducted by Rahmawati Shoufiah (2016) on patient disease heart Coronary obtained As many as 67.7% of CHD patients smoke and 38.7% rarely smoke exercise . This is Can influence the occurrence style his life .

Disease heart Coronary is disease term length that has symptom typical that often happen like chest pain or chest feels like crushed during more from 20 minutes moment doing activities and rest accompanied by with symptom sweating cold , weak , nauseous and dizzy (Ministry of Health of the Republic of Indonesia, 2020). Disease heart Coronary can cause disturbance functional for sufferer . For minimize symptom repeat on the patient heart Coronary must Can manage style his life with arrange pattern eating , habits smoking , minimizing activity excessive physical as well as Can control emotions and anxiety (Nuraeni , 2016).

Disease heart Coronary can make sufferer feel No comfortable moment operate life everyday . This is caused by Because disturbing symptoms also increase level anxiety patient to symptom attack heart or sudden death that will occur influence on the domain of perception to disease (Yulianti et al., 2012). The decline capacity functional Can cause sufferer difficulty For do activity . Complaints the can influence function physical because of That sufferer tend experience limitations moment walking , climbing ladder or currently do activity everyday (Susanti et al, 2019).

Risk factors can in the form of all factor cause (etiology) plus with factor epidemiologically related in a way independent with disease . Factors main reason attack heart that is smoker weight , hypertension and cholesterol . Supporting factors other covering obesity , diabetes, lack of exercise , genetics , stress , pills oral contraceptives and gout (Huon, 2015).

Self care management is wrong one form of intervention for patients who have long-term illnesses and aims to help individuals take responsibility for their own health (Sue & Nathalie, 2014) . The presence of symptoms in patients with coronary heart disease requires *self -care management* to provide support to patients, especially those with chronic conditions that aim to improve or manage health in everyday life (Wantiyah Wantiyah et al., 2020). To prevent the recurrence of coronary heart disease, patients must be able to change their lifestyle. Quality life is a draft For analyze ability someone who has normal life related with opinion somebody will goals , desires and concerns will life experienced .

RESEARCH PURPOSES

In this study, the researcher has the following objectives:

1. General purpose :
Knowing the relationship between *self-care management* and the quality of life of coronary heart disease patients during *the Covid-19 pandemic*
2. Special purpose :
 - a. To determine the characteristics of respondents in terms of gender, medical history, and length of time suffering from coronary heart disease.



- b. To find out the description of *self-care management* of coronary heart disease patients during *the Covid-19 pandemic* .
- c. To find out the picture of the quality of life of coronary heart disease patients during *the Covid-19 pandemic* .
- d. To analyze the relationship between *self-care management* and the quality of life of coronary heart disease patients during *the Covid-19 pandemic* .

Population in study This patient Heart Coronary at Tugurejo Regional Hospital, Semarang, there were 640 people in One year moment Covid-19 pandemic . The number of samples obtained in this study was 54 respondents . The data collection tool in this study was a questionnaire *Self care management* and questionnaire quality alive . The statistical test used is the *Spearman Rank test* with level significant *p-value* <0.05 .

RESEARCH METHODS

Research used that is quantitative with design *cross sectional* with technique taking sample use *purposive sampling*.

RESEARCH RESULT

Analysis results characteristics Respondent Based on Gender , Education, Health History, Length of Suffering . Analysis univariate *Self care management* and analysis bivariate Quality life .

Table 1

Distribution Frequency and Percentage Respondents Based on Gender , Education, Medical History, Duration of Suffering CHD patients in 2022 at Tugurejo Regional Hospital , Semarang

Variables	Frequency (f)	Percentage (%)
Gender		
Man	29	53.7
Woman	25	46.3
Total	54	100
Education		
SD	5	9.3
JUNIOR HIGH SCHOOL	23	42.6
SENIOR HIGH SCHOOL	19	35.2
S1	7	13.0
Total	54	100
Health History		
Hypertension	17	31.5
Diabetes mellitus	10	18.5
Cholesterol	3	5.6
Lungs (Pulmonary edema)	1	1.9
Stomach acid	1	1.9
No History	22	40.7
Total	54	100
Long suffering		
Less than 3 months	9	16.7
More from 3 months	45	83.3
Total	54	100

Table 2

Distribution Frequency and percentage Respondents based on *self care management* & Quality life CHD patients in 2022 (n=54)
At Tugurejo Regional Hospital , Semarang (2022)

Variables	Frequency (f)	Percentage (%)
<i>Self Care Management</i>		
Not good	4	7.4



Good	50	92.6
Total	54	100
Quality of Life		
Currently	1	1.9
Good	8	14.8
Very good	45	83.3
Total	54	100

Table 3

Self Care Management Relationship with Quality of Life

Variables	N	Coefficient correlation (r)	p-value
Self care management with Quality of Life	54	0.463	0.000

Table 1 shows that Characteristics based on type sex majority dominated man with 29 respondents (53.7%) and a minority Woman with 25 respondents (46.3%), for category education majority dominated junior high school category with 23 respondents (42.6%) and a minority elementary school education with 5 respondents (9.3%), for history health majority No have history with 22 respondents (40.7%) and dominated by history Hypertension with 17 respondents (31.5%) and a minority with history of gastric acid and lungs (pulmonary edema) with 1 respondent (1.9%), for long suffering category majority more from 3 months with 45 respondents (83.3%) and a minority not enough from 3 months with 9 respondents (16.7%).

Table 2 shows that *self care management* majority CHD patients at Tugurejo Regional Hospital, Semarang, category Good as many as 45 respondents with percentage 83.3%, and minority Respondent with category not enough Good as many as 4 respondents with percentage 7.4%. The majority of quality of life respondents with very good category as many as 45 respondents with a percentage of 83.3%, then respondents in the good category were 8 respondents with a percentage of 14.8% Then For group minority as many as 1 respondents with a percentage of 1.9%.

Table 3 based on the results of the *Spearman rank* test shows that it can show that can known p-value is < 0.05 (0.000), then H_0 is

rejected and H_a is accepted, which is meaningful there is significant relationship between self care management with quality live. Coefficient results correlation shows (0.463) which is significant connection positive.

DISCUSSION

1. Characteristics Respondent

a. Gender of PJK respondents

In this study, the results of the analysis obtained results for the frequency distribution test of gender for the majority of respondents who were male, as many as 29 respondents with a percentage of 53.7%, and a minority of females as many as 25 respondents with a percentage of 46.5%.

According to Kusmawaty, 2016 Men tend to be at risk of experiencing *cardiovascular disease* associated with unhealthy lifestyles such as smoking and alcohol consumption compared to women. In addition, women have a lower risk due to the presence of the hormone estrogen. Protection by this hormone is *extended* as long as women are not yet menopausal, and when women are menopausal, the risk of *cardiovascular disease* will increase and be the same as men (Farahdika & Azam, 2015).

b. Education of PJK respondents



In this study, the results obtained for the frequency distribution test of education, the majority of education was junior high school, as many as 23 respondents with a percentage of 42.6% and the minority ... with 5 elementary school categories respondents with a percentage of 9.3 %.

Low education levels will affect a person's knowledge and behavior to live an unhealthy life which ultimately causes coronary heart disease (Diastutik, 2016). Education and knowledge levels are factors related to the quality of life of heart disease patients (Rohnerud & Zahl, 2016). Patients who have a higher level of education will find it easier to obtain information related to the conditions they are experiencing, as well as analyze the problems that arise, and how to overcome these problems (Nurchayati, 2016).

c. Health History

In this study, the results were obtained for the frequency distribution test of the majority of PJK respondents' health history who did not have a history of the disease, as many as 22 respondents with a percentage of 40.7%. Then respondents with a history of hypertension as many as 17 respondents with a percentage of 31.5% and the minority category, namely respondents in the category of stomach acid and lungs (pulmonary edema) as many as 1 respondent with a percentage of 1.9%. Townsend's 2012 research proved that 50% of coronary heart disease in developing countries is caused by hypertension.

In this study, the majority of respondents did not have a history of illness because respondents did not know because respondents rarely checked and controlled diseases other than CHD that they suffered.

d. Long suffering

In this study, the results of the frequency distribution test were obtained with the

majority of respondents suffering from CHD for more than 3 months as many as 45 people with a percentage of 83.3%. And the minority category of less than 3 months as many as 9 respondents with a percentage of 16.7%.

This study is in line with the research of Purnamawati, Arofiati & Relawati (2018) The experience of illness affects the acceptance of illness and receiving education, respondents who are diagnosed for the first time or without experience of illness will experience rejection of their illness so that it can affect the acceptance of education. This causes the behavior that was previously carried out if it has an impact on improving the quality of life.

2. Self care management

Self-care management is a way for someone to care for, prevent, and maintain their own health. An active cognitive process in which someone tries to maintain their health or overcome their illness. *Self-care management* influential heavy in quality life someone, if somebody own *self care* good *management* so Already Certain quality his life will good too, quality life defined throughout time and trouble For do activity everyday. That is because of heart No capable pump blood For fulfil need network body. Body will divert blood from the lacking organs important especially muscle.

The results of this study show that the majority of patients who have *self-care management* category Good as many as 50 respondents with percentage of 92.6%, while minority Respondent category not enough Good as many as 4 respondents with percentage 7.4%.

Study This in line with Mufarokhah et al (2016) about giving *self care management* program can increase level coping patient disease heart Coronary become Good in a way significant. Improvements also occurred in intentions and compliance. get medical treatment patient disease heart coroner at Jombang Regional Hospital to be at a good level. This is in line with Boger's research (2014) said *Self-management* can increase coping For adapt self and regulate



life , feelings over their control , and improvement quality alive . That thing because of heart No capable pump blood For fulfil need network body . Body will divert blood from the lacking organs important especially muscle .

Self-care management more than half of the behaviors still need to be improved, namely the behavior of exercising at least 30 minutes, behavior of preventing or avoiding illness, reducing salt consumption when outside the home, using reminders and checking swelling in the feet. This indicates the need for serious attention and effort from nurses and other health workers in order to be able to improve more optimal *self-care management behavior* (Prihatiningsih & Sudyasih, Tiwi, 2018).

Research result This in line with Riegel et al's theory (2014), that *Self Care Management* means without supervision , direction or help personal who still active . Research this is also in line with research by Utomo, Ratnasari , & Andrian (2019) with title *Connection Self Care Management With Quality of Life of CHD Patients* , namely assume that *self care management* influential heavy in quality life someone . If someone own good *self-care management* so Already Certain quality his life will good too. That thing because of heart No capable pump blood For fulfil need network body . Body will divert blood from the lacking organs important especially muscle .

Self care management covers a number of aspect like compliance in treatment , diet or sports , and monitoring body weight . In patients awake bad font impact on memory term short , level low work , and difficulties understand the writing. Control from CHD disease becomes low so that can increase mortality and risk take care stay which has an impact on the decline health physical and emotional patient fail heart . All matter the make quality life in patients the more decreased (González, 2013).

Component *Self Care Management* :

a. *Physical Self Care*

Nurse body We is component big from *self-care management* . No must covers routine heavy exercise . Key *self care*

management is the activities we do do must become something obligation . For activity *physical self-care* , including Eat more Lots vegetables and fruits , activities physique like exercising every day and walk .

This matter relate with study This majority Respondent own activity physical and pattern eat well so that Can control self alone and influential to quality his life .

b. *Emotional Self-Care*

Points This relate with emotions . This is notice trigger emotional and pattern think , then determine method For overcome it , Some related activities with control emotion Can with write journal , meditation , can also express emotion through painting , poetry , cooking , etc

This matter relate with study This majority Respondent own method For handle his emotions that is with method recreation and watching TV so Can control self alone and influential to quality his life

c. *Spiritual Self Care*

Self care in points This is meditation , spending time in nature , donating For charity . . This is relate with study This majority Respondent have good spirituality so that Can control self alone and influential to quality his life .

d. *Social Self Care*

Self-care at the point This relate with level comfort in situation social different . Activities social Can with use up time with loved ones , in touch return with old friends , starting conversation with somebody moment shopping monthly , and others .

This matter relate with study This majority Respondent own activity good social and level good comfort Good so that Can control self alone and weave good communication with people around so that can influential to quality his good life .

e. *Sensory Self Care*

Points This includes (sight , smell , touch , sound , hearing) which are method effective For bring mind and help lower



level stress . Activities related with turn on candle fragrant favorite , listening soothing music , walking barefoot on fresh grass , and activities other .

This matter relate with study This majority Respondent own memory cognitive still strong so that Can control self alone and influential to quality his life .

3. Quality of life

The results of this study show that the majority of patients who have a quality of life are in the very good respondent category, as many as 4.5 respondents with a percentage of 8.3 , 3 % and respondents in the good category as many as 8 respondents with a percentage of 14.8% while for the minority group the quality of life was moderate, 1 respondent with a percentage of 1.9 %.

This study is in line with research conducted by Jepsen, Aadland, Andersen, & Natvig (2013) also stated that a patient's readiness to do physical activity has a positive relationship to help improve a person's quality of life, especially in terms of changing a person's lifestyle. This study is also in line with research by Hilmi Nur Aziz, Farihal Nurhayati (2018) The results of this study showed that as many as 18 respondents (37%) had good physical health quality, as many as 21 respondents (43%) had moderate psychological quality, as many as 26 respondents (53%) had good social relationship quality, as many as 24 respondents (49%) had moderate environmental quality, and overall as many as 23 respondents (47%) had good quality of life.

The quality of life includes several domains, namely:

a. Physical health domain

In this study, the results of the physical domain were obtained from 54 respondents with a percentage of 100%, which means that all respondents have a very good quality of life in the physical domain.

Domains consisting of daily activities, dependence on drugs and medical assistance, energy and fatigue, pain and discomfort, sleep and rest and work capacity. Physical health affects the quality of life of individuals. Physical

health will affect the individual's daily activities. When an individual's physical health declines, the individual must reduce their activities and rest and it is possible that they must consume drugs and require medical assistance which causes discomfort. This will have an impact on the individual's quality of life (Fitriana & Tri, 2012).

This is related to this study that the physical domain greatly influences the quality of life because the majority of respondents are still productively working so that they need energy for their daily activities so that it can affect the signs of CHD symptoms such as chest pain if they cannot manage *self-care management* properly, so that it is related to the quality of life in the physical domain. According to the American Heart Association (AHA) (2013) recommends that physical activity can improve the quality of life. Physical activity carried out by *Self Care Management patients* can also reduce anxiety, annoyance, and anger which are one dimension of quality of life because the oxygen that enters during activity to the brain will provide a sense of comfort.

This study is in line with Jepsen, Aadland, Andersen, & Natvig (2013) who stated that a patient's readiness to do physical activity has a positive relationship to help improve a person's quality of life, especially in terms of changing a person's lifestyle. *Self-care management* can improve coping to adjust and organize life, feelings of control, and improve quality of life (Boger, 2014)

In this study, the majority of respondents have a healthy lifestyle, especially physical activity, patients often walk and exercise diligently and do daily activities without the help of others. Which means that respondents can control and care for themselves so that it affects a very good quality of life.

b. Psychological well-being domain

In this study, the results obtained in the psychological domain were 1



respondent in the moderate group with a percentage of 1.9% and 53 respondents with a percentage of 98% in the good category.

This domain is related to the individual's mental ability to adapt to the demands of development. The psychological well-being domain consists of *Bodily image* and *appearance*, *Self-esteem*, *positive* and *negative emotions*, and thinking, learning, memory, and concentration. *Bodily image* and *appearance* are the way individuals view and describe their body condition and appearance. *Self-esteem* is the way individuals assess and describe themselves. Positive and negative emotions possessed by individuals and how these positive and negative emotions affect the individual's life, as well as thinking, learning, memory, and concentration which are the individual's cognitive states that enable individuals to carry out their cognitive functions (Fitriana & Tri, 2012). In this study, the majority of respondents had self-confidence and could control their emotions, cognitive still functioned well, this is related to the way respondents managed *their Self-care management* well, good *self-care management* affects the quality of life in the psychological domain.

In this study, the majority of respondents' psychological domains were good because respondents were able to control themselves when they were emotional, diligent in controlling themselves, and their cognitive abilities were still functioning well so that respondents could regulate and control themselves and this had an impact on their good quality of life.

c. Social relationship domain

In this study, the results obtained in the Social Domain were in the good category with 8 respondents with a percentage of 14.8% and the very good category with 46 respondents with a percentage of 85.2%.

This domain is related to how individuals interact with other individuals where the interaction will influence or change individual behavior.

Social relationships consist of personal relationships, social support, and sexual activity. Personal relationships describe how individuals relate to others, social support describes the help that individuals receive from their surroundings, such as family, friends, partners, and neighbors so that individuals feel meaningful and owned. While sexual activity describes sexual activities carried out by individuals. Sexual activity is one reflection of how individuals relate to their partners. Whether or not sexual activity is satisfying can affect the quality of life of individuals (Fitriana & Tri, 2012).

In this study, the majority of respondents had good relationships and socialization with friends and relatives who provided support. This is related to *self-care management* because they can control themselves in their social life, thus influencing a good quality of life.

d. Environmental domain

In this study, the results obtained in the environmental domain in the moderate group were 18 respondents with a percentage of 33.3%, the good group with 35 respondents with a percentage of 64.8% and the very good group with only 1 respondent.

This domain is the relationship between individuals and the environment including financial resources, freedom, physical safety and security, namely how individuals feel safe in their daily lives so that individuals are free to carry out daily activities, health care and social care, namely the availability of health services and social protection that can be obtained by individuals so that individuals feel safe in terms of their health, opportunities to obtain various new information and skills, with this information individuals can obtain new things that are useful for their welfare, have free time to do recreation or activities, physical environment (climate, weather, pollution, water facilities, air, etc.), and the availability of accessible transportation facilities so that individuals can travel from one



place to another efficiently (Fitriana & Tri, 2012).

This study is in line with the study conducted by Aslamayah, Nurhidayat1, Isroin (2019) that from 48 respondents, it was found that most of the research subjects (39.6%) or 19 people were not compliant with the control and had a poor quality of life. Non-compliance with control was (60.4%) or 29 people and (52.1%) or 25 people had a good quality of life.

In this study, the majority of respondents had moderate scores because they rarely interacted with their neighbors because they were busy working. This affects *self-care management* because patients are less able to control themselves for this domain so that the quality of life of patients in this domain is in the moderate category.

4. Bivariate analysis

Connection self care management with quality life

Research result This show that The p-value is 0.000 (<0.05), then H_0 is rejected and H_a is accepted . which is meaningful there is connection between self care management with quality live . Coefficient results correlation shows (+0.463) which is significant connection positive with strength connection in category very strong relationship .

Study This in line with Tika Nelsya Princess (2021) Analysis results more further discovered existence connection self care management with quality alive ($p < 0.001$) with strength correlation strong ($r = 0.750$). It is expected to patient disease heart coronary so that it can apply maintenance adequate self for quality life patient increased . With do self care management of patients heart coronary , factors that can influence the occurrence disease heart coronary (age > 65 years , type sex male $>$ female , pressure blood high , hyperlipidemia, smoking , history family) can be done with modify change

style life like do activity excessive physical exertion , avoid smoking , reduce foods that contain high in salt and can do relaxation so as not to too stressed about disease .

In the research This obtained that There is connection characteristics age , type gender , and occupation with disease heart coronary , then with do management self can change habits in pattern life that is not Good become good . This is in line with Boger's research (2014) on Self care management can increase coping For adapt self and regulate life , feelings on control they . More self care management from half behavior Still need improved that is behavior exercise at least 30 minutes , behavior prevent or dodge from sick , reduce salt consumption when outside home , use tool help reminder and check swelling in the legs. This is indicates the need attention and effort Serious from nurse and officer health others to be able to increase behavior more optimal self-care management (Prihatiningsih & Sudyasih , Tiwi, 2018).

self care management program provides chance For increase quality live . This program push individual For responsible answer on health they with monitor condition they , educate self they Alone about condition special them , and partner with doctor they in to study development disease them (Galson, 2009). this program push individual For responsible answer on health they with monitor condition they , educate self they Alone about condition special them , and partner with doctor they in to study development disease they (Galson, 2009).

In a study conducted by Yanan Zhang et al. (2020) with do behavior management self as well as own knowledge about disease heart Coronary obtained Correlation positive that behavior management self is very important For increase behavior management good self , in service focused nursing to patient is self care management which is need For give



support to patient especially those who experience condition chronic For manage health in life daily yes covering modification style life like pattern good eating , activity physique currently or weight , stress caused Because existence pain and increase knowledge about disease heart coronary , besides That compliance drink medicine is highly recommended For can lower risk tall happen return disease heart Coronary with method minimize pain and illness that occurs in sufferers heart Coronary so that can repair emotion someone who can increase quality life sufferer heart coronary .

Quality life the related with Self care management. In study This Respondent diligent control , diligent drink medicine and often exercising including diligent walking , thing the relate with quality living in the physical domain , in research This Respondent own good concentration including moment symptom appear like respondent chest pain direct drink medicine and rest , things the including in Respondents' self care management is related with quality living in the psychological domain .

In the research This Respondent own good relationship and get support from family so that reduce anxiety and can control emotion so that Self care management is running with good related with quality life patients in the social domain. In the study This Respondent own comfortable and frequent environment recreation For reduce saturation so that self care management running with Good matter This relate with quality living in the environmental domain. Research results This in line with research conducted by Kessing (2017) that there is significant relationship between self care management and quality life .

In the research This there is connection Self care management with quality life patient show p-value is < 0.05 (0.000) which means there is significant relationship . The coefficient results correlation shows (0.463) which is significant connection positive which means If self care

management of CHD patients category Good so quality life PJK patients are very good or on the contrary If self care management of CHD patients is lacking Good so quality life patient disease heart coronary very bad with strength connection in category very strong relationship . This is because of Respondent own good self-care management especially in some its components so that relate with quality domains very good life .

CONCLUSION

After done study about Connection *self care management* with quality life patient Disease Heart Coroner during Covid-19 pandemic in the heart polyclinic of Tugurejo Hospital , Semarang concluded that Characteristics based on type sex majority dominated man with 29 respondents (53.7%) and a minority Woman with 25 respondents (46.3%), for category education majority dominated junior high school category with 23 respondents (42.6%) and a minority elementary school education with 5 respondents (9.3%), for history health majority No have history with 22 respondents (40.7%) and dominated by history Hypertension with 17 respondents (31.5%) and a minority with history of gastric acid and lungs (pulmonary edema) with 1 respondent (1.9%), for long suffering category majority more from 3 months with 45 respondents (83.3%) and a minority not enough from 3 months with 9 respondents (16.7%).

Self care management majority own *Self care management* Good with 50 respondents with percentage (92.6%) and minority own *Self care management* not enough Good with 4 respondents (7.4%) Quality life majority own quality very good life with 45 respondents (83.3%) dominated with respondents who have quality life Good there were 8 respondents (14.8%) and a minority respondents who have quality life currently as many as 1 respondent (1.9%) Yes significant relationship between *Self care management* with quality life with mark *p value* 0.000. Coefficient value correlation is positive by +0.463, *p*. This show that very strong relationship . If *self care management* increase so quality life also improves , on the contrary If *self care management* decrease so quality life will also decreased . Research results This can made into as one of the source information



connection self care management with quality life and data on patients disease heart Coronary so that can done prevention and treatment in a way appropriate For increase quality service care nursing in patients , Research results This can made into source outlook about connection self care management with quality life patient Disease Heart Coroner so that efforts made in prevention of CHD can more maximum And can made into source reference in do study about connection self care management with quality life in sufferers disease heart Coronary . Should researcher furthermore do service / education program related behavior For increase self care management and quality life CHD patients .

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