

The Relationship between Gratitude and *Self-Acceptance* with the Quality of Life of Hypertension Patients

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ABSTRACT

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Hypertension, as one of the chronic diseases with a high prevalence, often hurts the quality of life of patients, both in physical, psychological, and social aspects. This study aims to investigate the relationship between gratitude, self-acceptance, and the quality of life of patients with hypertension in the Health Center X in Surabaya. The design of this study employs a quantitative approach with a cross-sectional design, using a population of 76 hypertension patients in the Health Center X in Surabaya. The sampling technique used is convenience sampling, involving 69 respondents. Data collection was carried out using the Gratitude Questionnaire-Six Item Form (GQ-6) scale questionnaire for gratitude, Unconditional Self-Acceptance Questionnaire (USAQ) for self-acceptance, and WHOQOL-BREF for quality of life, tested using Spearman's rank test. The results of the study showed that of the 69 respondents had gratitude (49.3%), self-acceptance (44.9%), and quality of life (69.6%). Statistical analysis using the Spearman rank test showed that there was a significant relationship between gratitude and quality of life of 0.01 ($p < 0.05$) while self-acceptance and quality of life with a correlation value of 0.03 ($p < 0.05$). Therefore, it is hoped that respondents with hypertension will always be grateful and confident in the blessings, successes, or opportunities in life so that good things happen, both big and small, and appreciate them with a sense of trust and. To improve the quality of life, hypertension sufferers should adopt a healthy low-salt diet by increasing the consumption of fruits and vegetables, routinely doing physical activities such as walking or cycling for at least 30 minutes every day, as well as maintaining ideal body weight and managing stress well so that blood pressure remains controlled and the risk of complications can be minimized.

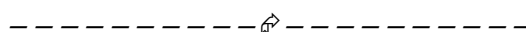
ABSTRAK

Hipertensi sebagai salah satu penyakit kronik dengan prevalensi tinggi seringkali mengganggu kualitas hidup penderitanya, baik secara fisik, psikologis, maupun sosial. Penelitian ini bertujuan untuk mengetahui hubungan rasa syukur, penerimaan diri, dengan kualitas hidup penderita hipertensi di Puskesmas X Surabaya. Desain penelitian ini menggunakan pendekatan kuantitatif dengan rancangan cross sectional, dengan menggunakan populasi sebanyak 76 penderita hipertensi di Puskesmas X Surabaya. Teknik pengambilan sampel yang digunakan adalah convenience sampling dengan jumlah responden sebanyak 69 orang. Pengumpulan data dilakukan dengan menggunakan kuesioner skala Gratitude Questionnaire-Six Item Form (GQ-6) untuk rasa syukur, Unconditional Self-Acceptance Questionnaire (USAQ) untuk penerimaan diri, dan WHOQOL-BREF untuk kualitas hidup yang diuji menggunakan uji rank Spearman. Hasil penelitian menunjukkan dari 69 responden memiliki rasa syukur (49,3%), penerimaan diri (44,9%), dan kualitas hidup (69,6%). Analisis statistik menggunakan uji Spearman Rank menunjukkan bahwa terdapat hubungan yang signifikan antara rasa syukur dengan kualitas hidup sebesar 0,01 ($p < 0,05$) sedangkan penerimaan

diri dengan kualitas hidup dengan nilai korelasi sebesar 0,03 ($p < 0,05$). Oleh karena itu, diharapkan kepada responden penderita hipertensi agar selalu bersyukur dan yakin terhadap nikmat, keberhasilan, atau kesempatan dalam hidup sehingga terjadi hal-hal baik, baik yang besar maupun yang kecil, serta mensyukurinya dengan rasa percaya dan. Untuk meningkatkan kualitas hidup, sebaiknya penderita hipertensi menerapkan pola makan sehat rendah garam dengan memperbanyak konsumsi buah dan sayur, rutin melakukan aktivitas fisik seperti jalan kaki atau bersepeda minimal 30 menit setiap hari, serta menjaga berat badan ideal dan mengelola stres dengan baik agar tekanan darah tetap terkontrol dan risiko komplikasi dapat diminimalkan.



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A. INTRODUCTION

Hypertension is a silent killer and, if not controlled, will be the main risk factor for complications and have the same symptoms as other diseases (Mirzaei et al., 2020). According to the *Centers for Disease Control and Prevention* in 2000, quality of life was a term to express a sense of well-being in the form of satisfaction and happiness. The quality of life of hypertensive patients is greatly influenced by a person's lifestyle habits, so that often we find that hypertensive patients have a poor quality of life. This can be seen from physical health such as activities carried out in their daily lives, non-compliance with taking medicine, patients often feel fatigue, headaches, heart palpitations, pain in the nape of the neck, blurred vision, ringing in the ears, while health psychological in hypertensive patients shows that feelings of depression, feeling *insecure* disliking himself (*self-acceptance*), ungrateful always complaining and comparing themselves with others. So far, interventions that have been carried out on hypertension (HT) patients include various approaches, such as health education about the concept of hypertension, implementation of a healthy diet (eg DASH diet), non-pharmacological therapy such as ergonomic gymnastics, tera gymnastics, progressive muscle relaxation techniques, Benson relaxation, to psychological interventions such as mindfulness and gratitude training. The results of these interventions generally show a decrease in blood pressure, an increase in patient knowledge and skills in managing the disease, and an improvement in quality of life. (Rohmah et al., 2019).

Event hypertension in adults according to (WHO, 2023) increased from 594 million in 1975 to 1.13 billion in 2015, with an increase mostly seen in low- and middle-income countries. According to the March 2018 Riskesdas report, the prevalence of hypertension in Indonesia is 34.1%. Based on the results of Riskesdas 2018, the prevalence of the population with high blood pressure in East Java Province is 36.3% (Dinkes Jatim, 2022). In addition, the prevalence of hypertension in Surabaya reached 22.0% (Dinkes Jatim, 2021), from The 2023 Indonesian Health Survey (SKI) showed that the prevalence of hypertension in the population aged 18 years and over reached 30.8%. This shows a decrease from the prevalence of hypertension in 2018 of 34.1%. SKI 2023 data shows that only 5.9% of the population aged 18-59 years were diagnosed with hypertension by a doctor, 2.53% took medication regularly and 2.34% made repeat visits to the doctor. This is because few people

do early detection. Based on a preliminary study in the Tragah Health Center Working Area, out of 10 respondents who suffered from hypertension, there were 7 (70%) hypertension patients with low self-acceptance scores, namely feelings of difficulty accepting themselves, not liking to compare themselves with others (*insecure*) as a result of the disease they experienced, and 2 (20%) hypertensive patients with moderate self-acceptance scores, and 1 (10%) hypertensive patients with high self-acceptance scores (Karlina, 2022).

Factors that affect the quality of life are physical health, psychological health, gratitude, *self-acceptance*, social relations, and the environment. Gratitude and *self-acceptance* are quite important elements in directing oneself to positive behaviour and reducing the potential for negative behaviour (Israwanda et al., 2019). From several studies, gratitude is one of the factors that plays a very important role in a person's quality of life, which can create a calm and happy mood so that they do not feel less than what God has given, as a result of a person who is not grateful often loses focus and enthusiasm, which can hinder personal progress and achievement. The consequences of a poor quality of life are frustration, anxiety, fear, annoyance, and worry for a long time, so that a person to give up or lose enthusiasm for the future will not happen. (Sulistyarini, 2020).

The quality of life is less correlated by self-acceptance and a declining sense of gratitude, so the researcher is interested in researching "the relationship between gratitude and self-acceptance and the quality of life of hypertensive patients in the health center X in Surabaya.

B. METHODS

This study used a correlational research design with a *cross-sectional* approach. *Cross-sectional* is a study to examines the dynamics of the correlation between risk factors and effects, using approaches, observations, or data collection at the same time (*point time approach*) (Herdiani, 2023). The population of this study was all hypertension patients, both 1st, 2nd, and 3rd degree in the X Surabaya Health center area, which amounted to 76 patients. In this study, the sampling technique uses consecutive sampling. The sampling technique in this study uses consecutive sampling techniques. Consecutive sampling is the selection of samples by determining subjects that meet the inclusion criteria and are included in the study for a certain period. The inclusion criteria were hypertensive patients who come for check-ups at the health center, patients with systolic blood pressure ≥ 140 mmHg and/or diastolic ≥ 90 mmHg, patients who are fully conscious and able to communicate well, hypertensive patients who are willing to be respondents by signing an informed consent, patients who do not have complications. After the data is processed, the distribution frequency table is analyzed by rank spearman and quantified in the form of writing using a percentage format. The results of the percentage are then interpreted.

C. RESULT AND DISCUSSION

1. Result

All collected data were processed using the statistical product service solution (SPSS) program and using the Spearman rank statistical test with a significance level of <0.05 because the data was in the form of categories. So that the results of the statistical test can be known whether there is any significance to the relationship between gratitude and self-

acceptance with the quality of life of hypertension patients in the X Health Center area, Surabaya.

a. General Data

Based on the characteristics data from 69 % respondents, the majority in this study were female, 42 people with a percentage (60.9%), the majority were aged 40-59 years, 36 people with a percentage (52.2%), almost half of them had stage 1 hypertension (140/90 - 159/99) as many as 33 people with a percentage (47.8%).

b. Custom Data

Table 1. Cross-tabulation between the Relationship of Gratitude and Quality of Life in the Health Center X in Surabaya

Gratitude	Quality of Life						Sum		
	Good	%	Keep	%	Less	%	F	%	
Good	29	85,3	5	14,7	0	0,0	34	100	
Keep	11	50,0	11	50,0	0	0,0	22	100	
Less	8	61,5	4	30,8	1	7,7	13	100	
Sum	48	69,6	20	29,0	1	1,4	69	100	
Rank Spearmen								0,01	

Source : Primary Data, 2024

Presenting the results obtained on the relationship between gratitude and the quality of life of hypertension patients in the Health Center X in Surabaya. Most of the 29 people with a percentage (85.3%) have good gratitude and good quality of life. There is a significant relationship between the two variables with a value of 0.01 ($p < 0.05$) then H_0 is rejected, which means it shows a relationship between the two variables.

Table 2. Cross-tabulation between *self-acceptance* and quality of life in the Health Center X in Surabaya

Self Acceptance	Quality of Life						Sum		
	Good	%	Keep	%	Less	%	F	%	
Good	27	87,1	4	12,9	0	0,0	31	100	
Keep	10	45,5	12	54,5	0	0,0	22	100	
Less	11	68,8	4	25,0	1	6,3	16	100	
Sum	48	69,6	20	29,0	1	1,4	69	100	
Rank Spearmen								0,03	

Source : Primary Data, 2024

Based on the questionnaire that has been analyzed related to *self-acceptance* with quality of life, the majority (87.1%) have good gratitude and good quality of life, self-acceptance with quality of life in hypertension sufferers shows a relationship between the two variables with a significant value of 0.03 ($p < 0.05$) which indicates a relationship between the two

2. Discussion

a. Gratitude for Hypertension Patients

Gratitude for hypertension patients is almost entirely good. This can be seen from the respondents' questions on the questionnaire, which stated that they could appreciate all the blessings they had. In addition, from the questionnaire answered by the respondents, it can be seen that they can express gratitude both in verbal and in deed form. This gratitude can

be known from four indicators, namely: intensity, someone who is grateful when experiencing a positive event so that someone will be more intense in being grateful, frequency, meaning someone who has a tendency to be grateful will feel many feelings of gratitude every day and this gratitude can give rise to and support simple actions and kindness or politeness, span, namely life events can make someone feel grateful, for example feeling grateful for having a family, job, health and others, density, meaning that people who are grateful are expected to be able to write more names of people who are considered to have made them grateful, including parents, friends, family (Youssef-Morgan et al., 2022)

This is by research conducted by (Aisyah & Chisol, 2019), which states that gratitude can convey both verbal and deeds. improves psychological well-being, reduces stress, and strengthens mental resilience, thus helping individuals to better accept their health conditions with optimism. Gratitude is not only a spiritual expression, but it also contributes to the physical and mental well-being of hypertensive patients. This view is in line with the theory of gratitude put forward by (Sulistyarini, Rachmawati, et al., 2020) which states that gratitude is a positive emotion that arises when an individual realizes and appreciates the goodness in his or her life.

Grateful patients are better able to face the challenges of their illness calmly and optimistically. Gratitude is also associated with a decrease in stress symptoms, which indirectly helps control blood pressure and lowers the risk of complications. Therefore, gratitude-based interventions, such as training to develop a gratitude attitude, can be one of the effective strategies in supporting holistic hypertension management. This research emphasizes the importance of psychological and spiritual approaches in supporting the physical health of patients with chronic diseases Previous studies have shown that gratitude has a significant correlation with happiness and quality of life in people with hypertension. For example, a study conducted by (Youssef-Morgan et al., 2022) found that the higher the level of gratitude in people with hypertension, the higher the level of happiness felt, which contributed to emotional stability and better blood pressure management. In addition, research by Sulistyarini (2020) showed that gratitude training significantly improved the quality of life of hypertensive patients, with the quality of life scores increasing after gratitude training intervention. These findings confirm that gratitude can be an effective psychological intervention to help people with hypertension manage stress and improve overall well-being. (Sulistyarini, Studi, et al., 2020). These findings confirm that gratitude can be an effective psychological intervention to help people with hypertension manage stress and improve overall well-being. This gratitude also fosters optimism so that it can improve quality of life and form good interpersonal relationships.

Gratitude had an important role in emotional regulation in hypertensive patients, where the ability to feel grateful can help manage emotional reactions to stress related to this chronic health condition. Research shows that gratitude training not only improves the quality of life of hypertensive patients, but also contributes to better emotional regulation, so that patients are able to reduce stress and anxiety levels that can worsen blood pressure. By developing gratitude, patients find it easier to control negative emotions and improve psychological well-being, which has a positive impact on overall hypertension management. This is supported by the finding that gratitude offers a unique stress-buffering effect, helping

to reduce blood pressure responses during stressful situations, so that emotional regulation and gratitude are closely related in improving the quality of life of hypertensive patients. In a study of hypertensive patients, 18.5% of men did not experience depression due to their hypertension, this is because men have protective factors for depression in the elderly, due to the loss of power and control associated with age. (Yuniartika & Bima Murti, 2020). Protective factors are factors that can help protect someone from depression or reduce the risk of depression, strong social support (family, friends, community), effective coping (ability to manage stress), regular physical activity, they can implement a healthy lifestyle (balanced diet, enough sleep), have fun activities, and can manage emotions well, and get professional support when. This is what can help increase a person's gratitude.

This discovery was in line with the theory put forward by the American Heart Association (AHA), which states that women have a higher risk of developing hypertension, mainly due to decreased levels of estrogen that function to protect blood vessels and also In postmenopausal women, the hormone estrogen plays a role in increasing High Density Lipoprotein (HDL) levels and making blood vessels elastic.(Oktaviani & Uyun, 2023). In addition, social factors, such as a sedentary lifestyle, obesity, and an unhealthy diet, are more common in women than men, which increases the risk of hypertension (WHO, 2023). In patients with hypertension, having a high sense of gratitude can have a positive impact on controlling blood pressure and preventing hypertension recurrence. Research shows that the practice of gratitude can reduce stress levels, improve sleep quality, and improve mood, all of which contribute to blood pressure control. In addition, gratitude can reduce the body's response to stress, reduce levels of stress hormones such as cortisol, and increase the activity of the parasympathetic nervous system which plays a role in lowering blood pressure. Thus, hypertensive patients who are able to maintain a sense of gratitude in their daily lives tend to have more stable blood pressure and a lower risk of hypertension recurrence, thus improving their quality of life. (Leavy et al., 2023). Therefore, it is important to pay attention to specific risk factors in women in the prevention and management of hypertension. A more female-focused approach can help reduce the incidence of hypertension in this group. In this context, the role of education and lifestyle change is very important. Given the higher prevalence in women, hypertension prevention programs should be designed taking into account the demographic and physiological characteristics of women.

b. *Self-Acceptance* in Hypertension Patients

Self-acceptance in hypertensive patients is almost entirely good. This can be seen from the respondents' answers to the questionnaire, which stated that they accepted their situation and were able to adapt to the pain they faced. In addition, based on the questionnaire, it is known that most respondents are more able to face health challenges with confidence, are positive, and have a good perception of themselves. This attitude reflects respondents' ability to see illness as a manageable part of life, rather than as a debilitating barrier. With good *self-acceptance*, respondents tend to be more able to maintain emotional stability and take proactive steps in managing their hypertension.

This view is in line with the theory put forward by (Ramdhani et al., 2018), the condition of self-acceptance is characterized by the individual's ability to self-actualize, optimize self-function, and achieve personal maturity. In general, this aspect is in line with the concept of positive psychology, where individuals will display positive behaviors in response to their existence. In the context of hypertension, this theory suggests that patients who have *self-acceptance* tend to be more able to face health challenges with confidence and optimism. This attitude also helps patients to stay motivated in undergoing treatment and change their lifestyle to be healthier. Thus, interventions focused on strengthening self-acceptance can play an important role in supporting the overall management of hypertension, both physically and psychologically. This study emphasizes the importance of a holistic approach in supporting the health of patients with chronic diseases such as hypertension.

Self-acceptance is good in hypertension patients is an important foundation in helping them face the disease with a more positive attitude. When patients can accept their circumstances, they tend to have a more constructive approach to disease management, such as adhering to treatment, maintaining a diet, and avoiding stress (Gita Anindya Puteri, 2024). This shows that psychological aspects, such as self-acceptance, have an equally important role compared to medical interventions. On the contrary, the lack of self-acceptance can increase the risk of emotional stress, which can potentially worsen the condition of hypertension. Therefore, a psychology-based approach that reinforces self-acceptance should be part of a holistic hypertension treatment program. This step not only supports the emotional stability of the patient but also improves their overall quality of life.

Based on age that self-acceptance is good at the age of 40-59 years. Respondents with self-acceptance. A good one at this age has diverse life experiences, such as personal relationships, career, and family roles. This experience gives them the opportunity to learn from mistakes and successes, as well as to accept themselves for who they are. The emotional maturity achieved during this period often increases a person's ability to accept their shortcomings and excesses. At the age of >60 years old, self-acceptance is not good due to weight gain, a less active lifestyle, and the potential for metabolic disorders that can worsen the condition. Older people may feel anxious about the future, whether it's related to health, finances, or dependence on others (Wulansari & Fiktina Vifri Ismiriyam, 2023). This can be seen from the data obtained, where this age group shows a higher prevalence of hypertension compared to other age groups. The more mature age factor is closely related to the increase in blood pressure, where the aging process that causes changes in the blood vessels and cardiovascular system is one of the main causes of hypertension in this group.

The results of this study are in line with the research presented by (Susilawati et al., 2022), which states that hypertension is more common in older individuals, especially in those over 40 years of age, due to decreased vascular elasticity and increased vascular resistance. Genetic and environmental factors, such as unhealthy diets and stress, also contribute to the increased prevalence of hypertension in this age group. Therefore, a more intensive prevention approach needs to be focused on the 40-59 year age group, including lifestyle changes and regular health monitoring.

Age is a significant risk factor in the development of hypertension with early detection and proper management, hypertension can be controlled more effectively. Therefore,

prevention strategies and interventions involving healthy lifestyle changes, such as a balanced diet, regular exercise, and stress management, should be emphasized in this age group to reduce the prevalence of hypertension and prevent further complications.

c. Quality of Life in Hypertension Patients

The quality of life in hypertensive patients is almost entirely good. This can be seen from the respondents' answers to the questionnaire, which stated that they felt they could carry out their daily activities smoothly despite having hypertension. In addition, most respondents were satisfied with the treatment they received and revealed that their physical and psychological conditions were quite stable. They also show a high level of confidence in managing their illness and do not feel too burdened by existing health conditions.

The phenomenon that occurred based on the results of observations in the X Health Center area was that the quality of life of patients was still below the word good, but after conducting research, almost all respondents showed a good quality of life. The quality of life can change for the better through awareness, motivation, and influencing factors such as social support, medical factors, psychological factors, demographic factors, and environmental factors. Positive change begins with proper education by the Health Center about the importance of doing health checks every month, so that individuals understand the good impact on the quality of life.

This statement is relevant to the research presented by (Rohmah et al., 2019), which states that quality of life can be affected by a variety of factors, including physical, psychological, and social health. In the context of hypertension, a good quality of life is often related to the patient's ability to manage his or her illness well and maintain emotional and social balance. Patients with a good quality of life tend to be more proactive in controlling risk factors, such as high blood pressure, and have strong social support, which can improve treatment outcomes. Therefore, interventions that focus on improving the quality of life of hypertensive patients are essential, not only to manage the disease but also to improve their overall well-being.

In this view, quality of life is an important indicator in the management of hypertension. With an approach that pays attention to the physical, psychological, and social aspects of the patient, a good quality of life can be achieved, which in turn can help lower the risk of hypertension complications and improve treatment adherence. (Ha et al., 2014; Snarska et al., 2020) This approach also confirms that hypertension management is not only about controlling blood pressure, but also about improving the patient's quality of life holistically.

This discovery is relevant to the theory put forward by (WHO, 2023), which states that pre-hypertension and stage 1 hypertension are important stages in blood pressure management, where lifestyle interventions such as dietary changes, exercise, and stress management can greatly help prevent the condition from becoming more severe. Therefore, early detection and proper management of blood pressure are essential to prevent hypertension from progressing further and reduce the risk of cardiovascular complications. (Saiz et al., 2022) A prevention-based approach through regular monitoring of

blood pressure and healthy lifestyle changes is indispensable for patients with systolic and diastolic blood pressure who are at this threshold.

d. The Relationship between Gratitude and Quality of Life

Gratitude in hypertension patients is almost entirely good, the quality of life in hypertension patients is also almost entirely good, and there is a positive relationship between the two. This can be seen from the respondents' answers to the questionnaire, which showed that they felt grateful for all the blessings they had, even though they were in a condition of hypertension. This gratitude is reflected in their positive attitude towards disease management, such as following treatment with discipline, maintaining a diet, and trying to avoid other risk factors. (Vodovotz et al., 2020) In addition, most respondents also reported that their quality of life was quite good, satisfied with the treatment they received, and were able to carry out their daily activities without being too disturbed by their condition.

This discovery is relevant to the theory put forward by (Crepaldi et al., 2024) which states that gratitude is related to improved psychological well-being, which can have an effect on quality of life. Gratitude helps individuals to focus on the positive things in their lives, which can reduce stress and increase mental resilience. Thus, gratitude can support hypertension patients in managing their health conditions better, contributing to a better quality of life as well.

The positive relationship between gratitude and quality of life in hypertensive patients suggests that psychological approaches, in addition to medical treatment, are also very important in the management of hypertension. Gratitude can be an effective tool for reducing stress and anxiety that often arise in patients with chronic diseases. Therefore, in addition to medical interventions, programs that strengthen gratitude and emotional well-being can be an important component in more holistic hypertension management. By paying attention to these two aspects, hypertensive patients can have a better quality of life, as well as be better able to face the challenges in the healing process.

e. The Relationship between *Self-Acceptance* and Quality of Life

Self-acceptance in hypertensive patients was almost entirely good, and the quality of life was almost entirely good; there was a positive relationship between the two. This can be seen from the respondents' answers to the questionnaire, which showed that they accepted their state of affairs even though they had to live with hypertension. Most respondents feel satisfied with themselves, can adapt to existing conditions, and still have a positive outlook on the future. They also show a proactive attitude in maintaining their health, such as following disciplined medication, maintaining a healthy diet, and trying to avoid other risk factors. Their quality of life, both in physical, psychological, and social aspects, is relatively good, where they can carry out their daily activities smoothly and feel satisfied with the treatment they receive.

This finding is relevant to the research presented by (Ramdhani et al., 2018), which states that self-acceptance is a key component in psychological well-being that includes acceptance of oneself, both strengths and weaknesses. Self-acceptance, good ones, can

improve psychological well-being, which contributes to a better quality of life. Self-acceptance helps patients to manage their condition more positively, not feel overwhelmed, and be able to live life with optimism.

The positive relationship between self-acceptance and quality of life in hypertensive patients shows that strengthening self-acceptance can play an important role in improving patients' quality of life. (Krisnansari et al., n.d.; Zargar et al., 2019) When patients accept their condition with an open mind, they are better able to manage stress, improve medication adherence, and lead a healthier lifestyle. Therefore, an approach that integrates strengthening self-acceptance in the management of hypertension can help patients to not only control their blood pressure but also to achieve a better and more satisfying quality of life.

D. CONCLUSION AND SUGGESTIONS

Based on the results of research conducted the Health Center X in Surabaya on the relationship between gratitude and *self-acceptance* with the quality of life of hypertension patients. So it can be concluded that hypertension patients in the X Health Center Area of Surabaya have a good level of gratitude, most of the respondents with hypertension in the X Surabaya Health Center have a good quality of life, there was relationship between gratitude and quality of life in hypertensive patients in the X Health Center area of Surabaya.

Therefore, some suggestions that can be given are strengthening psychological education programs, integrating a holistic approach in services by means of the Health Center providing services not only focusing on medical aspects, but also paying attention to the psychological and social aspects of patients. This holistic approach can help hypertensive patients to adapt more easily to their illness and manage daily stress, as well as increasing the role of the family and the environment.

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