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REVIEW ARTICLE

ETHICAL PRINCIPLES OF AUTONOMY FOR HYPERTENSION PATIENTS: A CONCEPT ANALYSIS

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ABSTRACT

BACKGROUND:

Autonomy is a fundamental ethical principle within the nursing profession. It plays a significant role in patients' decision-making processes when seeking nursing interventions. In the context of hypertensive individuals, autonomy pertains to their capacity to manage and regulate their hypertensive condition. This encompasses the independent decision-making related to medications, lifestyle adjustments, and overall care.

METHOD:

The method utilized for this analysis is the Walker & Avant approach, 2011. The concept analysis was conducted by consulting literature on autonomy sourced from Google Scholar and Preplexity databases. The search keywords employed were "concept of autonomy" and "hypertension sufferers".

RESULTS:

The concept analysis followed the 8-step method outlined by Walker & Avant. This systematic approach, which involves identifying the attributes, antecedents, and consequences of autonomy, leads to the development of an operational definition. Autonomy is defined as the capacity of an individual to make decisions independently, without external influence, to manage themselves and take responsibility for the outcomes of those decisions.

CONCLUSION:

From the results of the analysis, it was found that autonomy is very beneficial for hypertension sufferers because a person can make decisions, so that they have self-satisfaction, increased motivation and clear life goals. Autonomy grants nurses the freedom to make clinical decisions based on their professional knowledge and skills. Nurses can determine the best course of action for patients without having to wait for instructions from a doctor, while still being accountable for their decisions and ready to explain their actions within the context of ethics and law.

KEYWORDS

Autonomy; Concept Analysis; Decision-making; Ethical Principle; Hypertension Patients

INTRODUCTION

The concept of autonomy is an ethical principle in the field of nursing. This concept is often used in the decision-making process carried out by patients in obtaining nursing action. Autonomy in hypertension sufferers refers to the individual's ability to manage and control the condition of hypertension. This phenomenon involves making independent decisions regarding medication, lifestyle and care in general.

As is known, the prevalence of hypertension cases continues to increase every year. According to the American College of Cardiology (ACC) [1], hypertension occurs when blood pressure is consistently > 130 mmHg for systolic pressure and > 80 mmHg for diastolic pressure and it must be measured more than once at different times. Hypertension is a non-communicable disease (NCD) which is currently the most serious health problem. Non-communicable diseases (NCDs) are the main cause of death or vital disability globally [2]. According to data from the World Health Organization (WHO) (2013), there has been an increase in hypertension cases from 639 million cases to 1.5 billion cases in developing countries and it was estimated that there will be an increase in hypertension cases of around 80% in 2025 [3].

Hypertension is a disease that is often called the silent killer, where if this disease is not treated immediately, it can cause the emergence of other dangerous, life-threatening diseases such as heart failure, kidney failure and stroke [4]. Therefore, hypertension should receive more attention or special attention and more thorough or comprehensive treatment starting from promotive, preventive, curative and rehabilitative. Where comprehensive or comprehensive treatment of hypertension aims to lower blood pressure either through conventional or non-conventional therapy [5]

Therefore, hypertension sufferers need to make the right decisions to treat hypertension, so that it does not cause complications that are dangerous for their lives. Autonomy is an individual's ability to behave, feel something, and make decisions based on their own will. Autonomy was defined as respect for individual rights where a person can make decisions according to his wishes without any influence from other people. Nevertheless, decision-making is still influenced by age, level of knowledge, and support from family [6]. Many expert opinions explain autonomy, but no one has provided a specific definition of autonomy itself, especially for people with hypertension.

Autonomy in hypertensive sufferers requires a clear definition. There are several expert opinions regarding the concept of autonomy. One of them, according to Ferdiana and Yuwono (2023), autonomy is a person's ability not to depend on other people and be responsible for what they do [7]. This definition is one of the definitions from experts, there are still many expert opinions regarding autonomy. However, until now there has been no agreement on the precise and specific definition of autonomy in the case of hypertension. In addition, there is no consensus on the instruments used to assess autonomy in patients with hypertension.

In several previous studies, there have been concept analyses of autonomy in elderly individuals receiving residential care [8], autonomy in mothers and the breastfeeding context [9], autonomy of patients in the context of care [10], and autonomy of practicing nurses [11]. However, there has been no concept analysis of autonomy in hypertension patients. Therefore, the concept of autonomy in hypertensive patients can still be considered ambiguous. Through this concept analysis, the researcher aims to understand the concept of autonomy in the case of hypertension and the instruments that can be used to measure autonomy in hypertensive patients. Research on autonomy, especially among hypertensive sufferers, is still limited, so to date there has not been a clear definition of the concept of autonomy, especially among hypertensive sufferers. Therefore, this research aims to find a more precise and more specific definition of the concept of autonomy, so that this concept is not referred to as an ambiguous concept.

METHOD

The method used in this article is the Walker & Avant 2011 concept analysis approach. By carrying out concept analysis, researchers can find or clarify a concept that is still ambiguous. This analysis was carried out based on literature had been previously obtained through a database to obtain articles. This concept analysis uses literature obtained through the Google Scholar, Preplexity, EBSCO and ResearchGate internet databases with the keywords "Autonomy Concept" and "Hypertension Sufferers". Inclusion criteria are articles related to the concept of autonomy, published from 2000 to 2023, and freely

accessible. Exclusion criteria are articles unrelated to the concept of autonomy, such as beneficence, justice, non-maleficence, veracity, fidelity and confidentiality.

FINDING AND DISCUSSION

Phenomenon: Hypertension is the most common cardiovascular disease and most commonly suffered by society. According to data from the WHO, around 1.13 billion people in the world suffer from hypertension in 2020. There are two types of hypertension sufferers, the first is that when a person is diagnosed with hypertension, he must undergo treatment and control hypertension. This requirement usually makes hypertension sufferers feel bored with continuous activities because someone who suffers from hypertension must undergo non-pharmacological and pharmacological treatment, especially if the treatment is unsuccessful [12].

The second type, who has successfully undergone treatment and recovered, usually immediately ignores taking medication and other things that could trigger the recurrence of hypertension. Hypertension sufferers admit that they do not undergo regular treatment because they do not know about the disease they suffer from, so this makes them unmotivated to carry out treatment or have their disease checked [13].

Of these two types, hypertension sufferers usually feel hopeless with the treatment they have been taking so far, so they decide to take other treatment and ignore the advice of health workers to seek treatment at health services. They usually decide to do complementary therapies such as taking herbs, acupuncture or acupressure which they believe can lower blood pressure and ignore medication from doctors [14].

Determine the aims of analysis: The aim of analyzing the concept of autonomy is to refine a concept which still ambiguous, obtain an operational definition of autonomy for hypertension sufferers, evaluate pre-existing instruments or obtain appropriate and new autonomy instruments for hypertension sufferers.

Determine the defining attributes: Characteristic attributes or concepts obtained, namely a person/individual, making decisions, managing himself, ability, consequences, other people, responsibility, strength. From the characteristic attributes obtained, an operational definition of autonomy can be formulated, namely the ability of an individual to make decisions with their own strength without the influence of other people to manage themselves and be responsible for the consequences.

Model Case Identification: Mrs. B, 60 years old, has been suffering from hypertension for the past 10 years. She mentioned that she rarely goes to the health center for check-ups because she feels healthy after taking her medication and stops attending follow-ups, disregarding the doctor's advice to maintain a proper diet. However, after a few months, if she experiences headaches, neck tension, and pain in several parts of her body, she will go to the health center for a check-up. The healthcare worker provided information about hypertension and advised her to have regular check-ups at the health center. Mrs. B understood and agreed to return for health checks.

A model case is an example that perfectly fits all essential characteristics of a concept. A model case is an ideal illustration that perfectly demonstrates the concept. Its function is to aid in understanding what is meant by the concept by providing a concrete example. In accordance with the case above, the patient was given information by the healthcare worker, and the patient understood what was conveyed by the healthcare worker. Without any coercion from any party, the patient made the decision to return for regular check-ups. This aligns with the model case from Yulianto & Awaludin (2024), where the nurse educates the family about each option until they understand and agree to a decision, which they then sign a consent to proceed [15].

Borderline Case Identification: Mrs. B, aged 60, has been suffering from hypertension for the past 10 years. She reported that she rarely visits the health center for check-ups because she feels healthy after taking her medication and subsequently stops attending follow-ups, disregarding the doctor's advice on maintaining a proper diet. However, after a few months, if she experiences headaches, neck tension, and pain in various parts of her body, she will seek medical examination. The healthcare worker provided information about hypertension and recommended regular check-ups. However, Mrs. B declined this advice, stating that she would try consuming herbal remedies to treat her condition as per her family's suggestion because she is concerned about the long-term use of medication and believes that herbal remedies are also beneficial for her health. The healthcare worker accepted Mrs. B's decision but continued to advise her to visit the health

center promptly if there is no improvement with the herbal remedies.

A borderline case is an example that nearly encompasses all essential characteristics of a concept, but there are some elements that may be lacking or not fully aligned. It helps to highlight the limitations of the concept. Its function is to identify which elements are crucial for the concept. In the case above, "the healthcare worker provided information about hypertension and recommended regular check-ups. However, Mrs. B declined this advice, stating that she would try consuming herbal remedies to treat her condition as per her family's suggestion". This illustrates that the patient is able to make her own decision, although she is still influenced by others, namely her family. This aligns with the borderline case from Yulianto & Awaludin (2024), "The family was concerned about the hospital treatment costs and intended to discharge their child who was receiving care. However, the healthcare worker suggested using health insurance, and the family agreed to this". This indicates that the decision-making was influenced by others [15, p. 31].

Contrary Case Identification: During a community visit, a patient named Mr. D, aged 65, was found to have a history of hypertension for the past 10 years. Mr. D reported that he rarely takes antihypertensive medication but consistently consumes herbal drinks, which he believes can lower his blood pressure. During the assessment, Mr. D mentioned experiencing headaches and slightly blurred vision. Upon examination, Mr. D's blood pressure was recorded at 160/100 mmHg. The healthcare worker did not provide any information to Mr. D and insisted that he start taking medication immediately and stop consuming herbal remedies.

A contrary case is an example that is entirely opposite to the concept. It describes a situation where the essential characteristics of the concept are absent or directly opposed. In the case above, "the healthcare worker did not provide any information to Mr. D and insisted that he start taking medication immediately and stop consuming herbal remedies". This demonstrates a lack of alignment with the concept of autonomy. This aligns with the contrary case from Yulianto & Awaludin (2024), "where the family did not want their child to be referred, but the nurse still advocated for the patient to be referred to another hospital" [15, p. 31].

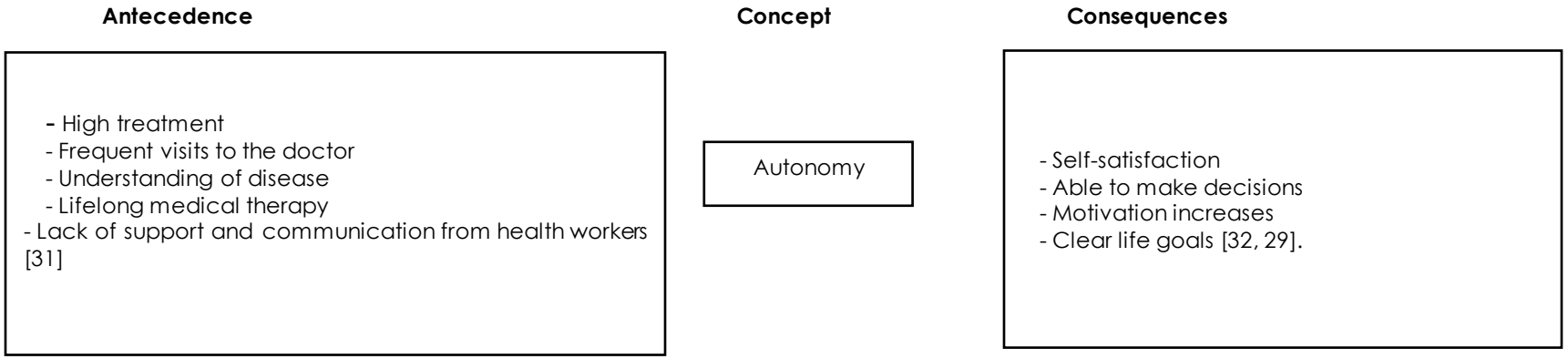
TABLE 1. DEFINE FROM VARIOUS LITERATURE ACCORDING TO THE CHOSEN CONCEPT

	Source	Definition of the Concept of Autonomy	Characteristics/Attributes
1.	Kartono, 2000	Autonomy is independence or the ability to stand alone with courage and responsibility for all behavior as an adult human being in carrying out one's obligations to meet one's own needs [16].	1. Individual/someone 2. Make a decision 3. Manage himself 4. Ability 5. Consequences 6. Other people 7. Be responsible 8. Strength
2.	Shafer, 2002	Autonomy is an individual's ability to make decisions and make themselves a source of emotional strength so that the individual does not have to depend on other people [17].	
3.	Wiyusni, 2002	Autonomy is a firm and consistent attitude in one's words and actions [18].	
4.	Lerner, R. M., & Steinberg, L. 2004	Autonomy is an individual's ability to behave, feel something, and make decisions based on their own will [19].	
5.	Asrori, 2004	Autonomy is an individual who dares to make his own decisions and understands the consequences he will face [20].	
6.	Setyo Utomo, 2005	Autonomy is a personality component that encourages a person to be able to direct and manage themselves and solve problems without the help of others [21].	
7.	Chaplin, 2005	Autonomy is an individual's freedom to take action decisions, become a unity that can command, control and manage itself [22].	
8.	Monks et al, 2006	Autonomy is an individual who makes decisions, is confident and creative [23].	
9.	Irene, 2007	Autonomy is the desire to do everything to manage yourself [24].	
10.	Fatimah, 2008	Autonomy is a person being relatively free from the influence of other people's judgments, opinions and beliefs [25].	
11.	Budiman, 2008	Autonomy is the ability that a person must have to be responsible for the actions they take and be able to establish good relationships with other people [26].	
12.	Sanjaya, 2010	Autonomy is the ability without interference from other people [27].	
13.	Kartadinata in Nurhayati, 2011	Autonomy is the motivational power within an individual to make decisions and accept responsibility or consequences [28].	

14.	Karabanova & Poskrebysheva, 2013	Autonomy is the ability to determine life goals and the ability to choose what to do next [29].
15.	Mu'tadin; Widiantari, 2010 in Ferdiana 2023	Autonomy is ability a person must not depend on others and be responsible for what he does [30].

IDENTIFY ANTECEDENTS AND CONSEQUENCES:

FIGURE 1. OVERVIEW OF ANTECEDENTS, ATTRIBUTES AND CONSEQUENCES OF AUTONOMY IN HYPERTENSIVE SUFFERERS



Define empirical referents: Empirical references classes or categories of actual phenomena which through their existence indicate the occurrence of the concept itself. Empirical references are not a tool for measuring concepts. Empirical references are a means by which you can identify or measure defining characteristics/attributes, so that empirical references relate directly to defining attributes, not the entire concept itself.

Empirical references once identified is very useful in instrument development because they are clearly linked to the theoretical basis of the concept, thereby contributing to the content and establishing the validity of any new instrument [33]. As a result of the identification of the attributes and concept of autonomy, the empirical references are: self-confidence, independence, willing to act alone, responsible, rational thinking, not influenced by the environment.

After obtaining empirical references, then the appropriate instrument that will be used to measure autonomy is two psychometric instruments, namely Autonomy Preference Index (API) and Multidimensional Health Locus of Control (MHLC). API is a validated instrument that consists of two scales, namely decision-making preferences and information seeking preferences. MHLC is a locus of control scale which validated to measure individual health beliefs which contains three domains, namely internality, opportunity and externality. This questionnaire contains 65 questions in 14 pages [34].

Preliminary validation of the instruments (API and MHLC) involves assessing their reliability and validity before they are fully implemented in clinical settings. This step ensures that the tools accurately measure what they are intended to measure and are consistent in their results. The API instrument aims to measures the preference for autonomy in decision-making among patients. The API is a validated instrument consisting of two scales: decision-making preferences (i.e., general items and vignettes) and information-seeking preferences [35] . The vignettes were limited to hypertension encounters to provide more reliable information about decision making preferences.

The MHLC is a validated, condition specific locus-of-control scale and was used to measure individual health attribution beliefs [36] . The MHLC instrument aims to assesses patients' beliefs about the control over their health outcomes, which can influence their autonomy. It contains three domains: internality, chance, and powerful-other externality. The 'internality' scale measures the extent to which patients believe that they are responsible for their own health. The 'chance' scale measures patient beliefs about the extent to which chance or fate determines health. The 'powerful-other externality' scale measures the extent to which patients believe that their health is affected more by surrounding influences than by their own behaviour.

Pilot testing using the API and MHLC instruments was conducted in the study by Nomura et al [36], with a general linear model was used to estimate the contribution of each of the two autonomy preference outcomes (decision-making and information-seeking) that were measured using the API. Variables that were found to be significant at the 10% level in a univariate model were used in multivariate analyses. For the analyses, each of the three MHLC domains was categorized according to the quartiles of its distribution. All tests were two-sided with a significance level of 5%. Calculations were conducted using SAS Version 8.12 for Window. The purpose of this study was to clarify patient autonomy preferences in a primary care setting, that is, to determine to what extent patients preferred to seek out their own medical information and to participate in healthcare decision-making, and to investigate the determinants of two autonomy preferences, that is, to determine which patient characteristics, health beliefs, and physician characteristics related to patient preferences would contribute most. This cross-sectional study was carried out between February and May 2005 at a hospital affiliated with the Northern Tokyo Center for Family Medicine with a sample size of 10 doctors.

Participating physicians randomly asked their hypertensive outpatients to answer a self-administered questionnaire. Patients were allowed to bring the questionnaire with them and to remain anonymous; they could drop it in the post provided for this study at the hospital during any time of the study period. The variables studied were patient sociodemographic characteristics, physician characteristics based on patient preference (i.e., ability to communicate, extent of clinical experience, qualifications, educational background, gender, and age), and the Multidimensional Health Locus of Control. The results of the study showed On the API scale from 0 to 100, the patients had an intermediate desire for decision-making (median: 51) and a greater desire for information (median: 95). A multivariate regression model indicated that decision-making preference increased when patients were woman and decreased as physician age increased, and information-seeking preference was positively associated

with good communication skills, more extensive clinical experience, physicians of middle age, and patient beliefs that they were responsible for their own health and was negatively associated with a preference for man physicians [34] .

An example of the application of the API instrument in a clinical setting is during routine check-ups, the API can be used to periodically assess changes in a patient's autonomy preferences, especially if their health condition or treatment options change. This allows for personalized care plans that align with each patient's autonomy preferences. Meanwhile, an example of the application of the MHLC instrument is MHLC can be used to assess a patient's belief about their ability to control their health outcomes. For instance, a patient who scores high on internal control might be encouraged to take an active role in managing their hypertension through lifestyle changes and medication adherence.

CONCLUSION

From the results of the concept analysis, the definition of autonomy is the ability of an individual/person to make decisions with their own strength without the influence of other people to manage themselves and be responsible for the consequences. As a result of the identification of the attributes and concept of autonomy, the empirical references are: self-confidence, independence, willing to act alone, responsible, rational thinking, not influenced by the environment. So, the appropriate instrument that will be used to measure autonomy is two psychometric instruments, namely API and MHLC. API is a validated instrument that consists of two preference scales, namely decision-making preferences and information seeking preferences. MHLC is a locus of control scale which validated to measure individual health beliefs which contains three domains, namely internality, opportunity and externality. This questionnaire contains 65 questions in 14 pages. Recommendations for future research include conducting concept analysis with other ethical principles in hypertensive patients and finding instruments that align with the analyzed concepts. Additionally, it is suggested to develop methods for integrating API and MHLC scores into the EHR system for continuous patient monitoring.

CONFLICT OF INTEREST:

All authors do not have conflict of interest in preparing this article.

AUTHOR CONTRIBUTION:

Zuhariah Felis contributed to conceptualization, data curation, formal analysis, resources, software, visualization, writing-original draft, writing-review & editing. Endang Triyanto contributed to funding acquisition, investigation, methodology. Sidik Awaludin contributed to project administration, supervision and validation.

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