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QUALITY OF LIFE AMONG HYPERTENSIVE ELDERLY ADULTS IN BARANGAY BOOY, TAGBILARAN CITY

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ABSTRACT

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Quality of Life (QoL) is how individuals perceive their overall well-being and satisfaction with life. It includes various aspects, including physical health, psychological well-being, social relationships, and environmental factors. A descriptive-correlational research design was used to investigate the impact of hypertension on the quality of life among elderly adults in Barangay Booy, Tagbilaran City, and to examine the association between participants' demographic characteristics and their quality of life. Data was collected through surveys and analyzed using statistical techniques, including the Chi-square and Spearman's rank correlation test. The findings indicated a significant relationship between the age of respondents and their physical health, implying that physical health varies with age in elderly adults who have hypertension. However, no significant relationship was found between physical health and other demographic variables—such as sex, educational

attainment, and civil status—suggesting that these factors do not influence physical health in this group. Similarly, no significant relationships were found between any demographic variables (age, sex, educational attainment, and civil status) and the other quality-of-life domains, namely psychological well-being, social relationships, and environmental factors. These findings suggest that demographic characteristics, aside from age, may not strongly impact the overall well-being of elderly individuals with hypertension. Overall, the respondents demonstrated a generally low quality of life across all four domains. The findings imply the need for educational programs on hypertension management and for promoting a healthy lifestyle, such as regular exercise, strong social support, and a safe, supportive environment, to enhance their overall quality of life.

INTRODUCTION

The quality of life (QOL) of older adults is greatly impacted by hypertension, which is a major worldwide health issue that will continue to have an impact. This disorder, which is characterized by elevated blood pressure on the arterial walls, leads to an increased risk of serious conditions such as heart attacks and strokes, particularly in older people. According to the American Heart Association (2018), hypertension has an effect not just on a person's physical health but also on their mental and social well-being. From the perspective of the World Health Organization (2023), quality of life (QOL) is an individual's evaluation of their overall life situation, influenced by both personal and cultural factors. There are a number of factors that might influence an individual's perception of their quality of life while they have hypertension. These factors include age, gender, body weight, lifestyle behaviors, cholesterol and glucose levels, and overall adherence to therapy.

Hypertension is on the rise all over the world, with an estimated 1.56 billion people anticipated to be affected by the condition by the year 2025. This percentage is especially high in Asian nations such as China and India. Over the course of the 1990s, the prevalence of hypertension in the Philippines increased from 22% to 37% by the year 2021. In Bohol, it remains the most common cause of disease. There is a dearth of local data in Barangay Booy about the effects of hypertension on the quality of life of the elderly. To close that gap and provide information to develop initiatives that encourage healthier aging and improve the general well-being of the elderly population in the region, this research will be conducted.

The Roy Adaptation Model, introduced by Sister Callista Roy; the Biopsychosocial Model, introduced by George Engel; and the Self-Care Deficit Theory, established by Dorothea Orem, all contribute to the theoretical framework utilized in this investigation.

The Adaptation Model (RAM) developed by Sister Callista Roy provides a

comprehensive framework for studying how older adults with hypertension cope with health challenges. Physiological, self-concept, role function, and interdependence are the four adaptive modes that are described from this perspective. The responses of these modes are a combination of internal and external stresses. In the physiological approach, the focus is on maintaining health through medication and lifestyle adjustments. When it comes to psychological well-being, the self-concept mode considers aspects such as self-image and emotional resilience, which are affected by increasing age and chronic conditions. The term "role function" refers to changes in social roles and a decreased level of participation in regular activities. The concept of interdependence emphasizes the significance of assistance from the environment, including aspects such as relationships and living conditions. The use of RAM assists healthcare providers in the process of devising targeted therapies with the objective of improving the quality of life for older persons who are coping with hypertension.

The Biopsychosocial Model, developed by George Engel, holds that health and illness result from the interaction of biological, psychological, and social factors. Controlling blood pressure, taking prescribed medication, and addressing associated health concerns are biological features involved in the treatment of hypertension in older persons. A psychological perspective reveals that hypertension can play a role in the development of anxiety, sadness, or shifts in self-image, all of which have an impact on an individual's emotional well-being. When it comes to social interactions, it is essential to have support from family, friends, and the community in order to cultivate a sense of connection and empathy. Also playing a part in these spheres are aspects of the surrounding environment, such as the availability of medical treatment and living conditions. The purpose of this model is to promote techniques that address the physical, emotional, and social needs of older adults with hypertension to improve health outcomes and quality of life. It argues for an all-encompassing approach.

According to the Self-Care Deficit Theory developed by Dorothea Orem, every person possesses an innate potential for self-care. However, nursing assistance becomes necessary when that competence is diminished due to conditions such as disease or aging. When it comes to older adults who are afflicted with hypertension, self-care deficiencies can present themselves in a variety of ways, including non-adherence to prescriptions, poor dietary choices, lack of exercise, and the presence of emotional and social barriers. Their health is affected in a variety of ways, including their physical, psychological, social, and environmental health. Providers of medical treatment can identify areas requiring assistance and implement focused interventions using Orem's theory. According to Khademian's 2020 research, educational programs founded on this principle, when combined with regular follow-ups, have the potential to improve older people with hypertension's ability to care for themselves and significantly boost their quality of life.

This study, which was carried out in 2019 by Khoirunnisa and Akhmad and titled "Quality of Life of Patients with Hypertension in Primary Health Care in Bandar Lampung," aims to analyze the quality of life of outpatients who were diagnosed with hypertension and to determine the factors that have an impact on that quality of life. For the study, a cross-sectional, associative, descriptive methodology was used, and data were collected on the patients' demographics and medical histories. This includes factors such as age, gender, level of education, marital status, length of time an individual had hypertension, complications, and medications. The findings indicated that patients' mental health was significantly worse than their physical health, which resulted in a lower quality of life for the patients. Both age and marital status were important factors that affected both categories. In addition, factors such as gender, the length of time the condition had been present, comorbidities, and the use of medicine had a substantial impact on mental health. The duration of time that the patients experienced hypertension was another factor that affected their physical quality of life.

At the Karya Kasih Nursing Home in Medan, Indonesia, the researchers conducted a study titled "The Relationship between Hypertension and Cognitive Function Impairment in the Elderly" (Anto et al., 2019). The purpose of this study was to investigate the connection between high blood pressure and cognitive decline in elderly adults. The researchers utilized a cross-sectional, analytical, and observational methodology to assess 57 participants. The instruments used included the MMSE, the 6CIT, and the AMT. The data demonstrated that there is a substantial connection between hypertension and cognitive impairment, particularly among individuals who diagnosed themselves with hypertension of the second degree. On the other hand, the AMT did not indicate this link ($p = 0.078$), although the 6CIT demonstrated a substantial correlation ($p = 0.027$). The study concluded that cognitive dysfunction is connected with the severity of hypertension, its history, and the length of time it has been present. The findings of this study underscore the importance of conducting further research into how hypertension affects other aspects of quality of life among older adults.

In addition, Xiao et al. (2019) conducted a study titled "Health-Related Quality of Life of Hypertension Patients: A Population-Based Cross-Sectional Study in Chongqing, China," which investigated factors influencing HRQoL among people with high blood pressure. A cross-sectional survey was conducted, and the results showed that the primary factor negatively affecting patients' quality of life is financial difficulties. The findings also showed that women are more negatively affected than men by these challenges. To improve health-related quality of life (HRQoL) for individuals with hypertension, the study highlights the importance of health interventions that account for both gender and financial considerations.

This study, which was carried out by Oktaviani, Anggraini, and Noviasari (2022) and titled "The Relationship between Family Functions and the Quality of Life of the Elderly with Hypertension in the Working Area Public Health Center of Babadan," investigated the influence that family support has on the quality of life of elderly people who are afflicted with hypertension. The research project included 67 participants, all selected through a straightforward random sampling process. The findings suggested that the majority of the individuals who took part in the study had positive family dynamics and reported a quality of life that was adequately satisfying, particularly in terms of their interactions with others. According to the findings of the study, extensive family support is an essential component in the process of improving the health and well-being of older adults who have hypertension. The significance of this discovery lies in the Booy study, which highlights the importance of analyzing family ties to improve the quality of life for older persons.

The purpose of this research is to investigate the impact of health-promoting lifestyles on health-related quality of life (HRQOL) among senior adults with hypertension in the city of Hengyang, Hong Kong. In order to evaluate the connection between lifestyle choices and health-related quality of life (HRQOL), the research utilized standardized measures such as the Health-Promoting Lifestyle Profile II (HPLP-II) and the SF-36 health survey, and other similar instruments. The findings suggested that engaging in physical activity, maintaining a nutritious diet, and effectively managing stress were associated with improvements in health-related quality of life (HRQOL). Specifically, Li, Yu, Chen, Quan, and Zhou (2018) found that greater involvement in activities beneficial to one's health was substantially associated with both physical and mental well-being.

The findings of a research article titled "Facilitators and Barriers to Hypertension Management in Urban Nepal" indicate that twenty-five percent of adults in Nepal are affected with hypertension. There are still significant disparities in the management and control of hypertension, despite the fact that primary healthcare providers offer complete services for hypertension management and control. Focus group discussions were held with patients with hypertension and their relatives, and the researchers used a quantitative methodology to conduct the discussions. They concluded that the ineffective treatment of hypertension was a result of a lack of information about the ailment, in addition to harmful cultural beliefs. People who are living in poverty have a more difficult time gaining access to hypertension therapies because of disruptions in the medical supply chain and concerns about the reliability of primary healthcare providers. This study highlights the value of family engagement in encouraging patient adherence to treatment programs by highlighting the connection between the two. It emphasizes the need to reestablish community trust in primary healthcare providers to improve access to hypertension services (Bhattarai, Bajracharya, Shrestha, Skovlund, Asvold, Mjolstad, & Sen, 2023).

The objective of the research project titled "Hypertensive elderly people: assessing the quality of life" was to determine the significance of the Family Health Strategy in determining the quality of life of senior citizens who are responsible for the care of hypertensive patients. This descriptive, exploratory, cross-sectional study was conducted with the participation of elderly patients with hypertension, using a quantitative methodology. The WHOQOL-BREF and a sociodemographic form were used for data collection. The study also discovered a substantial association between age and hypertension, indicating that older people are more likely to have this condition. The results showed that most participants were between 60 and 69 years old. It was discovered that older people with hypertension saw a higher reduction in their quality of life than younger people. This finding underscores the importance of early detection and treatment of hypertension, especially among the elderly population (Alencar & De Lima Sardinha, 2019).

This research aimed to assess the quality of life among elderly individuals with hypertension in Barangay Booy, Tagbilaran City. The findings of this study contributed to a greater understanding of the health and day-to-day issues that elderly individuals who are dealing with hypertension confront. Their general well-being could be improved as a result of the findings, leading to tailored healthcare services and programs that better meet their specific needs. To be more explicit, the purpose of the study was to investigate the following questions: Could you please provide information regarding the demographic profile of the participants, including their age, gender, highest level of education, and civil status? What is the level of quality of life for senior people who have hypertension in the community of Barangay Booy, Tagbilaran City, with regard to their physical health, psychological well-being, social interactions, and environmental factors?

Is there a significant correlation between the demographic characteristics of the participants and their quality of life? Finally, what suggestions can be derived from the outcomes of this study?

RESEARCH METHODOLOGY

This study employed a descriptive-correlational research design. This design is appropriate for understanding the characteristics of a specific population and identifying relationships between variables without manipulation or experimental intervention. The descriptive component was used to determine the demographic profile of hypertensive elderly individuals in Barangay Booy, Tagbilaran City, and assess their quality of life. The correlational component examined the relationships between respondents' demographic characteristics and their quality of life across physical, psychological, social, and environmental domains.

The respondents were elderly individuals (aged 60 and above) diagnosed with hypertension and residing in Barangay Booy, Tagbilaran City. The sample size was decided to be 139 out of 212 elderly hypertensive persons who were reported in the official barangay health records. The margin of error was set at 5% and the confidence level at 95%. It was decided to employ stratified random sampling, with strata defined by the seven puroks, to ensure proportional representation and minimize selection bias. Because of its accessibility for community-based research and its high population of senior citizens who suffer from hypertension, Barangay Booy was chosen as the location for the study. Given that it was one of the top three barangays in Tagbilaran City for hypertension cases (according to 2024 CHO data), it offered a setting that was both relevant and practicable.

The researchers used the World Health Organization Quality of Life – BREF (WHOQOL-BREF) questionnaire, a standardized instrument that measures quality of life across four domains. The instrument is divided into two parts: Part I includes questions on the respondent's demographic profile: age, sex, civil status, and highest educational attainment. Part II consisted of 26 items that assessed quality of life, divided into four major domains: Physical Health, Psychological Health, Social Relationships, and Environmental Factors, with a 5-point Likert scale for each. It has demonstrated high reliability (Cronbach's alpha = 0.91). Domain scores were transformed to a 0–100 scale and interpreted according to the WHO QoL categories (very poor to very good).

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	Equations for computing domain scores	**Raw Score**	**Transformed scores***	
Domain 1	(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18	=	4-20	0-100
Domain 2	Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)	=		
Domain 3	Q20 + Q21 + Q22	=		
Domain 4	Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25	=		

Domain Score (0-100)	**Interpretation**
0-20	Very Poor Quality of Life
21-40	Poor Quality of Life
41-60	Neither Poor nor Good Quality of Life (Neutral)
61-80	Good Quality of Life
81-100	Very Good Quality of Life

The researchers secured ethical clearance from the University of Bohol Research Ethics Committee and obtained permissions from relevant local authorities. Coordination with barangay health workers allowed identification of eligible participants. Informed consent was obtained from all participants. Data were collected via structured questionnaires and brief semi-structured interviews to supplement insights on hypertension's impact on daily life.

Participants were informed of their rights, including the right to refuse participation or withdraw at any time. Special care was taken with elderly participants experiencing visual, auditory, or cognitive limitations. Confidentiality and privacy were maintained throughout, with all data anonymized and stored securely. Ethical safeguards followed the principles of autonomy, beneficence, and non-maleficence.

The researchers used the Statistical Package for the Social Sciences (SPSS) for data processing and analysis. Descriptive statistics, including frequency, percentage, and rank, were used to summarize the demographic profile (age, sex, civil status, and educational attainment) and the respondents' domain scores. Normality tests (Kolmogorov-Smirnov and Shapiro-Wilk) were conducted and indicated non-normality in the data. Therefore, nonparametric tests were used: Spearman's Rank Correlation Coefficient was applied to determine the relationship between age (a continuous variable) and each quality-of-life domain score. Chi-square tests of independence were used to assess the relationship between categorical variables (sex, educational attainment, and civil status) and each of the four WHOQOL-BREF domains. A significance level of $p \leq 0.05$ was set to determine whether relationships between variables were statistically significant.

RESULTS AND DISCUSSION

The demographic profile of the elderly respondents includes variables such as age, sex, highest educational attainment, and civil status. The majority of respondents were aged 60–64 (30.9%), followed by those aged 65–69 (24.5%) and 70–74 (23.0%). Smaller percentages were in the 75–79 (10.8%), 80–84 (7.2%), and 85–89 (3.6%) age groups. According to the World Health Organization (2023b), the high number of respondents aged 60 to 74 reflects global trends of active aging, highlighting the need to promote physical activity and healthy diets as the population aged sixty-five and older continues to grow.

Among the 139 respondents, 87 were female (62.6%), and 52 were male (37.4%), indicating a higher female representation. The higher representation of females among older adults is consistent with demographic patterns observed in the Philippines. Women tend to outnumber men in older age groups due to longer life expectancy (Philippine Statistics Authority, 2020)

Educational background data shows that 48 respondents (34.5%) completed secondary education, followed by 46 (33.1%) with primary

education and 42 (30.2%) with tertiary education. Only 3 respondents (2.2%) had no formal education. Educational attainment is considered a crucial factor in addressing health disparities (Montez & Berkman, 2014).

Civil status data shows that 84 respondents (60.4%) were married, followed by 30 (21.6%) who were widowed and 13 (9.4%) who were single. Smaller numbers reported living as married (6, or 4.3%), separated (5, or 3.6%), or divorced (1, or 0.7%). Long-term marriages are often linked to improved quality of life by providing emotional support, companionship, and practical help, which benefits both physical and mental health (Waite & Das, 2010). Widowhood is a common experience among the elderly, particularly women, with 58% of women and 28% of men aged 75 and older having lost a spouse (U.S. Census Bureau, 2021). This reflects women's longer life expectancy and greater likelihood of outliving their partners.

Level of Quality of Life Among Hypertensive Elderly Adults. The respondents' level of quality of life across four domains: Physical Health, Psychological Well-Being, Social Relationships, and Environmental Factors, as well as their overall perceived quality of life. The Physical Health domain reveals that the majority of respondents (56.1%) rated their quality of life as Neutral, followed by 34.5% who assessed it as Good. Only 1.4% reported it as Very Good, while 7.9% gave Poor or Very Poor ratings. Aging reduces physiological reserves, leading to a loss of homeostatic balance and increased effort during physical activity (Ben-Sira & Oliveira, 2007). This suggests that while some respondents manage their physical symptoms effectively, many continue to experience physical limitations related to hypertension, probably due to age-related deterioration and inadequate physical activity.

The Psychological Well-being domain shows that most respondents (51.1%) reported a Good quality of life, followed by 21.6% who rated it as Very Good, 26.6% who rated it as Neutral, and only 0.7% who reported Poor. These results suggest that despite physical challenges, many elderly individuals maintain a positive mental state. This supports the correlation between elevated positive mood and lower blood pressure among older adults, highlighting the role of emotional well-being in nonpharmacologic hypertension management (Ostir et al., 2006).

Overall quality of life findings reveal a striking contrast with individual domain ratings: 55.4% of respondents rated their overall quality of life as very poor, and 44.6% as poor. This suggests that, despite moderate or favorable perceptions in specific areas such as psychological well-being or environmental support, these do not translate into a positive overall life assessment, possibly due to the cumulative impact of chronic illness or unmet emotional needs. Hu, Toonsiri, and Hengudomsub (2024) identify self-care behavior, social support, and perceived health status as significant predictors of quality of life in elderly hypertensive patients, supporting the idea that these broader influences may contribute to poor overall ratings. Older adults with both hypertension and frailty also experience significantly poorer physical, psychological, and

social quality of life due to factors such as reduced physiological reserve, comorbidities, decreased mobility, and cognitive decline (Uchmanowicz et al., 2025).

Relationship between the Respondents' Demographic Profile and Physical Health. Table 1 presents the relationship between the respondent's demographic profile and physical health. The results indicate that most demographic factors—such as sex, educational attainment, and civil status—did not have a significant relationship with physical health. However, age showed a significant relationship with physical health (p = .018). The prevalence of hypertension increases sharply with age due to vascular changes such as arterial stiffness and endothelial dysfunction (Franklin et al., 2011). This result suggests that as age increases, physical health tends to decline

Table 1. *Relationship between the Respondents' Demographic Profile and Physical Health n = 139*

Variables	Statistical Test Used	Test Value	P-Value	Decision	Interpretation
Age and Physical	Spearman's Rank Correlation Test	-0.201	0.018	Reject the null hypothesis.	There is a significant relationship between the variables.
Sex and Physical	Chi-Square Test	3.07	0.546	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Educational Attainment and Physical	Chi-Square Test	10.466	0.575	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Civil Status and Physical	Chi-Square Test	17.498	0.62	Failed to reject the null hypothesis.	There is no significant relationship between the variables.

Relationship between the Respondents' Demographic Profile and Psychological. Table 2 presents the relationship between the respondents' demographic profile and their psychological well-being, showing that none of the variables—age, sex, educational attainment, or civil status—had a statistically significant association with psychological well-being among hypertensive elderly adults. Although aging may bring physical challenges, its direct effect on psychological well-being appears limited when factors like social support and access to community resources are taken into account (Horgan et al., 2024). This suggests that psychological well-being does not necessarily decline with advancing age among hypertensive elderly individuals.

Table 2. *Relationship between the Respondents' Demographic Profile and Psychological Well-being n = 139*

Variables	Statistical Test Used	Test Value	P-Value	Decision	Interpretation
Age and Psychological	Spearman's Rank Correlation Test	-0.049	.564	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Sex and Psychological	Chi-Square Test	2.060	.560	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Educational Attainment and Psychological	Chi-Square Test	7.976	.537	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Civil Status and Psychological	Chi-Square Test	16.369	.358	Failed to reject the null hypothesis.	There is no significant relationship between the variables.

Relationship between the Respondents' Demographic Profile and Social Relationships. Table 3 presents the relationship between the respondents' demographic profile and their social relationships, revealing no statistically significant correlation between social relationships and demographic factors such as age, sex, educational attainment, and civil status, as all p-values exceeded the 0.05 significance level. Although aging can lead to changes in health and life circumstances, social relationships are not necessarily negatively affected, particularly when older adults maintain strong interpersonal networks (Santini et al., 2014). Furthermore, according to Carstensen (2021), Socioemotional Selectivity Theory, people tend to prioritize emotionally meaningful relationships as they age, which helps maintain social ties despite age-related changes. The findings suggest that the quality of social relationships among elderly respondents remains consistent across demographic traits.

Table 3. *Relationship between the Respondents' Demographic Profile and Social Relationships n = 139*

Variables	Statistical Test Used	Test Value	P-Value	Decision	Interpretation
Age and Social Relationship	Spearman's Rank Correlation Test	-0.065	.447	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Sex and Social Relationship	Chi-Square Test	5.770	.217	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Educational Attainment and Social Relationship	Chi-Square Test	16.755	.159	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Civil Status and Social Relationship	Chi-Square Test	26.166	.160	Failed to reject the null hypothesis.	There is no significant relationship between the variables.

Relationship between the Respondents' Demographic Profile and Environmental Factors. Table 4 presents the relationship between respondents' demographic characteristics and their environmental quality of life, indicating no significant correlation between the environmental domain and age, sex, educational attainment, or civil status. Older adults, especially those who stay engaged in their communities, tend to adapt well to their surroundings and maintain consistent satisfaction levels regardless of age. This finding suggests that environmental quality of life may be influenced more by personal adaptability and community engagement than by demographic factors.

Table 4. *Relationship between the Respondents' Demographic Profile and Environmental Factors n = 139*

Variables	Statistical Test Used	Test Value	P-Value	Decision	Interpretation
Age and Environmental	Spearman's Rank Correlation Test	-0.090	.289	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Sex and Environmental	Chi-Square Test	1.216	.749	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Educational Attainment and Environmental	Chi-Square Test	7.410	.595	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Civil Status and Environmental	Chi-Square Test	9.903	.826	Failed to reject the null hypothesis.	There is no significant relationship between the variables.

Relationship between the Respondents' Demographic Profile and Overall Quality of Life. Table 5 presents the relationship between the respondents' demographic profile—age, sex, educational attainment, and civil status—and their overall quality of life as hypertensive elderly individuals, revealing that these demographic factors did not have a significant impact on quality of life. It is possible that, in this specific setting, other factors, such as family support, access to medication, and assistance from health centers, play a more influential role in shaping respondents' quality of life. The findings suggest that these demographic variables may not be primary determinants of well-being in this population.

Table 5. *Relationship between the Respondents' Demographic Profile and Overall Quality Of Life n = 139*

Variables	Statistical Test Used	Test Value	P-Value	Decision	Interpretation
Age and Overall Quality of Life	Spearman's Rank Correlation Test	-0.146	.086	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Sex and Overall Quality of Life	Chi-Square Test	0.599	.439	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Educational Attainment and Overall Quality of Life	Chi-Square Test	1.236	.744	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Civil Status and Overall Quality of Life	Chi-Square Test	7.287	.200	Failed to reject the null hypothesis.	There is no significant relationship between the variables.

CONCLUSION

This study aimed to assess the quality of life (QoL) among hypertensive elderly adults in Barangay Booy, Tagbilaran City, focusing on four primary domains: physical health, psychological well-being, social relationships, and environmental factors. Additionally, the study aimed to describe respondents' demographic characteristics and examine the potential relationships between these variables and their perceived quality of life. The findings provide valuable insights into the lived experiences and health status of elderly individuals managing chronic illness within the community.

According to the results, most respondents were female, married, aged 60-64, and had completed secondary school. The quality of life was generally low across all evaluated aspects, especially in physical health and social relationships. However, some respondents indicated higher levels of psychological well-being. Overall, the data showed a generally low quality of life among elderly individuals with hypertension, with most respondents falling under the "very poor" to "poor" classifications. However, the physical health domain was assessed as the lowest, with ratings frequently "neutral," reflecting moderate impairments in functional capacity likely attributable to both aging and the physical impact of their condition.

In contrast, respondents exhibited relatively positive scores in the domain of psychological well-being, with many rating their mental and emotional health as "good" or "very good." This suggests that, despite physical challenges, a substantial proportion of elderly individuals maintain emotional resilience and the ability to cope effectively. The domains of social relationships and

environmental factors yielded more variable results. While some respondents reported satisfaction with their social and environmental factors, others noted difficulties due to limited access to support networks and essential health services.

Moreover, statistical analyses supported the finding of a significant correlation between age and physical health, as measured by Spearman's rank correlation, indicating that advancing age is associated with a decline in physical well-being. However, results from the Chi-Square Test showed no significant association between other demographic factors, such as sex, civil status, or educational attainment, and the different QoL domains. These outcomes support the null hypothesis, suggesting that, aside from age-related deterioration in physical health, other demographic variables do not significantly influence this population's perceived quality of life.

These findings align with Dorothea Orem's Self-Care Deficit Nursing Theory, which asserts that individuals may require nursing support when their ability to perform self-care is compromised by illness or aging. The results emphasize the necessity for tailored health strategies such as community-based health education, physical activity initiatives, and enhanced elderly-friendly infrastructure. Through these targeted interventions, families, healthcare providers, and local governments can work collaboratively to promote the dignity, autonomy, and overall well-being of older adults managing chronic conditions such as hypertension.

RECOMMENDATIONS

After evaluating the results of the study, and in the spirit of promoting sustainable health practices and improved overall quality of life among hypertensive elderly adults, the researchers would like to offer the following realistic, community-based recommendations:

1. The Barangay Health Workers (BHWs) and Office of Senior Citizens Affairs (OSCA) should conduct regular health screenings, such as blood pressure and BMI checks, and implement house-to-house visits for elderly individuals with limited mobility to ensure inclusive health monitoring.
2. The Barangay Health Center should organize monthly health education seminars and peer support sessions focused not only on hypertension management but also on emotional well-being, stress reduction, and coping strategies.
3. The Barangay Council of Booy should support programs that integrate light physical activities (e.g., walking groups, tai chi, passive exercises), nutrition education, and community events to foster social connection and physical health among the elderly.
4. Family members and caregivers should undergo basic training on elderly care, including medication support, passive exercises, and

communication techniques to help manage both the physical and emotional needs of hypertensive seniors.

5. The Department of Health (DOH) and LGU of Tagbilaran City should integrate elderly-focused quality of life modules into public health programs, highlighting autonomy, dignity, and emotional resilience in managing chronic illnesses.
6. The University of Bohol College of Nursing may spearhead a Hypertension and Holistic Well-being Campaign, incorporating educational outreach, guided wellness sessions, and student-led home visits under supervision to support community engagement.
7. Future researchers should consider conducting longitudinal studies to explore why the overall quality of life remains low despite positive scores in individual domains. Studies could examine hidden factors such as loneliness, financial insecurity, role loss (e.g., retirement), and unmet spiritual or existential needs in the elderly population.

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