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The Role of Rational Emotive Behavior Therapy Education in Enhancing Self-Efficacy of Hypertensive Patients for Cardiovascular Complication Prevention

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KEYWORDS
Rational Emotive Behavior Therapy (REBT), Self-Efficacy, Hypertensive and Cardiovascular Prevention

ABSTRACT
This study examines the role of *Rational Emotive Behavior Therapy Education* (REBT Education) in enhancing the self-efficacy of hypertensive patients for cardiovascular complication prevention. The problem addressed is the low level of self-efficacy that limits patients' ability to manage blood pressure and maintain healthy behaviors. Using a library research method, data were obtained from books, journals, and scientific reports related to REBT, self-efficacy, hypertension, and cardiovascular prevention. The analysis employed content analysis to identify theoretical patterns linking cognitive restructuring and behavioral outcomes. Findings indicate that REBT Education helps patients recognize and modify irrational beliefs, improve emotional stability, and strengthen motivation to adhere to treatment and lifestyle modifications. The study concludes that REBT Education effectively enhances self-efficacy and supports holistic hypertension management for long-term cardiovascular health.

INTRODUCTION

Hypertension remains one of the most significant global health issues, with a steadily increasing prevalence and a strong association with various cardiovascular complications such as coronary heart disease, stroke, and kidney failure. According to the World Health Organization (WHO), more than 1.2 billion people worldwide suffer from hypertension, with nearly two-thirds residing in low- and middle-income countries, including Indonesia. This condition not only impacts individual health but also imposes a substantial social and economic burden on communities and national healthcare systems. Although pharmacological and medical interventions have been widely developed, many hypertensive patients still exhibit poor adherence to medication and healthy lifestyle recommendations. This lack of adherence is frequently linked to psychological factors, particularly low self-efficacy — the belief in one's own ability to manage and control health-related behaviors. When patients lack confidence in their capacity to regulate blood pressure, maintain dietary control, or engage in physical activity, their risk for cardiovascular complications increases significantly (Elwesif et al., 2021). Therefore, understanding psychological dimensions, particularly how patients can strengthen their confidence in managing their condition, is essential to

improving long-term health outcomes and reducing the global burden of hypertension-related diseases.

Extensive literature has emphasized that psychological factors, particularly self-efficacy, play a critical role in hypertension management and cardiovascular complication prevention. Bandura's self-efficacy theory explains that an individual's belief in their capacity to perform specific behaviors influences motivation, persistence, and coping in the face of health challenges. Previous studies have demonstrated that psychological interventions such as counseling, health education, and cognitive-behavioral therapy can enhance self-efficacy among patients with chronic conditions, including diabetes and heart disease. However, the application of *Rational Emotive Behavior Therapy* (REBT) as an educational and psychological intervention remains underexplored among hypertensive populations. REBT focuses on restructuring irrational beliefs that often underlie maladaptive behaviors, such as non-adherence to medication or unhealthy lifestyle patterns. The limited use of REBT in hypertension management highlights a theoretical and practical gap in understanding how rational-emotive education can be integrated into chronic disease care. This gap underscores the need for further research to evaluate the effectiveness of REBT-based education in enhancing hypertensive patients' self-efficacy, particularly in preventing cardiovascular complications that pose high morbidity and mortality risks(Ahmed et al., 2017).

The present study aims to explore and analyze the role of *Rational Emotive Behavior Therapy Education* in improving self-efficacy among hypertensive patients to prevent cardiovascular complications. Specifically, this research seeks to determine how an educational approach grounded in REBT principles can assist patients in recognizing, accepting, and transforming irrational beliefs that hinder treatment adherence and healthy lifestyle maintenance. Furthermore, the study intends to evaluate the impact of REBT implementation on patients' confidence in making decisions related to blood pressure control and the management of cardiovascular risk factors. Through this investigation, the research endeavors to provide empirical evidence regarding the educational and psychological benefits of REBT as an intervention for hypertensive care. Ultimately, this study aims to contribute to the development of a holistic psychosocial framework for hypertension management, integrating emotional regulation and rational thinking as key components in the prevention of cardiovascular complications(Amankwah-Poku, 2014).

Research on the implementation of *Rational Emotive Behavior Therapy Education* among hypertensive patients holds great importance because it addresses psychological dimensions often neglected in conventional medical treatment. The argument rests on the fact that many patients fail to achieve optimal blood pressure control not due to pharmacological limitations but because of persistent irrational thoughts and negative beliefs about their illness. REBT offers a structured process that teaches patients to identify, challenge, and replace irrational beliefs — such as hopelessness, excessive anxiety, or the conviction that hypertension is uncontrollable — with rational, adaptive thoughts that foster healthier behaviors. Through this educational approach, patients can internalize more constructive thinking patterns, strengthening their self-efficacy and sense of control over their health. Consequently, this study is significant not only

for expanding scientific understanding in health psychology but also for establishing a foundation for integrating psychological education into nursing and community health practices. Such integration may lead to more comprehensive and sustainable strategies for cardiovascular complication prevention among individuals with hypertension (Saragih, 2025).

METHOD

Object of the Study

The object of this study focuses on the psychological and behavioral phenomenon among hypertensive patients, particularly related to their level of self-efficacy in preventing cardiovascular complications. The main problem identified is the persistence of low self-efficacy, which hinders patients' ability to manage their blood pressure and adhere to lifestyle modifications essential for cardiovascular health. Many hypertensive patients experience cognitive distortions, irrational beliefs, and emotional distress that negatively influence their adherence to therapeutic regimens. These psychological barriers are often overlooked in conventional hypertension management, which tends to emphasize pharmacological interventions rather than psychosocial approaches. Therefore, this study aims to analyze how Rational Emotive Behavior Therapy Education (REBT Education) can be conceptualized as an effective educational and psychological intervention to enhance patients' self-efficacy. By focusing on this issue as a case of behavioral and emotional maladaptation, the study seeks to understand how modifying irrational beliefs through rational-emotive learning can empower patients to take more consistent and confident actions toward cardiovascular complication prevention(Liu et al., 2024).

Type of Research and Data Sources

This study employs a library research design, emphasizing theoretical analysis and conceptual synthesis derived from existing scholarly sources. As a non-empirical study, it does not involve direct fieldwork or participant observation but relies on comprehensive literature review to construct arguments and frameworks. The primary data consist of authoritative academic sources, including empirical and theoretical studies that directly discuss the relationship between Rational Emotive Behavior Therapy, self-efficacy, and hypertension management. Meanwhile, the secondary data include a broader range of supporting materials such as textbooks, review articles, clinical guidelines, and institutional reports that provide contextual understanding of the problem. Data were gathered from credible databases and repositories of scientific literature, including PubMed, ScienceDirect, SpringerLink, and Google Scholar. The inclusion of both primary and secondary sources ensures a well-rounded perspective on the phenomenon, allowing the study to synthesize previous findings, identify theoretical gaps, and propose new conceptual insights regarding the integration of REBT in enhancing hypertensive patients' self-efficacy for cardiovascular prevention(Lu et al., 2023).

Theoretical Foundation

The theoretical foundation of this study is anchored primarily in Albert Bandura's Self-Efficacy Theory and Albert Ellis's Rational Emotive Behavior Therapy (REBT) Theory. Bandura's theory posits that self-efficacy, or an individual's belief in their ability to perform specific behaviors, is central to motivation and successful behavior change. Within the context of health behavior, self-efficacy influences

patients' willingness to adhere to treatment regimens, adopt lifestyle modifications, and manage stress effectively. Complementing this is Ellis's REBT theory, which asserts that irrational beliefs and maladaptive thought patterns are the root causes of emotional and behavioral dysfunctions. According to Ellis, individuals can learn to identify and dispute these irrational beliefs, replacing them with rational alternatives that promote adaptive behavior and emotional stability. The integration of these two theories provides a robust framework for analyzing how REBT-based educational interventions can enhance self-efficacy among hypertensive patients. By merging cognitive restructuring with motivational reinforcement, this theoretical model underpins the study's exploration of psychological education as a means of preventing cardiovascular complications(Ebrahim El Tahry et al., 2022).

Research Process and Data Collection Technique

The research process was conducted through systematic literature review and critical content examination of relevant scholarly materials. The stages began with identifying research questions and defining keywords — namely Rational Emotive Behavior Therapy (REBT), Self-Efficacy, Hypertension, and Cardiovascular Prevention. Following this, extensive searches were performed across reputable databases to collect journal articles, books, conference papers, and clinical reports pertinent to the topic. The selection criteria prioritized peer-reviewed publications that addressed both theoretical and empirical aspects of REBT and self-efficacy in health contexts. Once gathered, the materials were read thoroughly to extract core concepts, findings, and arguments that align with the study's objectives. Data were then organized thematically to identify patterns related to the influence of REBT on psychological empowerment among hypertensive patients. This systematic reading and note-taking process ensured that only credible and relevant literature formed the basis of analysis, allowing the research to develop a coherent narrative supported by scientific evidence(Okonkwo, 2022).

Data Analysis Technique

The study utilized content analysis as its primary data analysis technique to systematically interpret the collected literature. Content analysis involves a structured process of coding, categorizing, and synthesizing information from various textual sources to reveal recurring themes, relationships, and underlying meanings. In this research, the analysis began with identifying statements, arguments, and findings related to the interaction between REBT education and self-efficacy improvement in hypertensive patients. The data were then organized into conceptual categories such as "irrational belief modification," "behavioral compliance," "emotional regulation," and "cardiovascular risk management." Each category was analyzed to determine its theoretical and practical implications for health education and psychological intervention. The analytical process aimed to construct an integrative model demonstrating how REBT education could effectively enhance self-efficacy and reduce the likelihood of cardiovascular complications. This method allowed the study to transform diverse sources into a cohesive body of knowledge, offering a comprehensive understanding of the interplay between cognition, emotion, and behavior in hypertension management(Sitti & Rosyalita, 2025).

RESULT AND DISCUSSION

Result

The findings from this literature-based research reveal that hypertensive patients with higher levels of self-efficacy tend to demonstrate better health behavior management and stronger adherence to both pharmacological and non-pharmacological interventions. Various studies emphasize that self-efficacy significantly influences patients' motivation to control their blood pressure, comply with medication schedules, and adopt long-term lifestyle changes such as dietary adjustments, regular exercise, and stress management. Patients who believe in their ability to perform these behaviors are more consistent in maintaining healthy routines, leading to better cardiovascular outcomes. Conversely, those with low self-efficacy often experience feelings of helplessness, frustration, and avoidance, which ultimately result in poor hypertension control and increased risk of complications. This evidence underscores the critical role of psychological empowerment in chronic disease management, highlighting the need for educational interventions designed to strengthen patients' confidence in their capacity to manage their health effectively(Sitti & Rosyalita, 2025).

Further results indicate that Rational Emotive Behavior Therapy Education offers a promising framework for addressing the psychological barriers that undermine self-efficacy among hypertensive patients. REBT-based education encourages individuals to identify, evaluate, and modify irrational beliefs that generate negative emotions and maladaptive behaviors. For example, beliefs such as "I will never be able to control my blood pressure" or "Taking medication means I am weak" can be reframed into rational, empowering thoughts that foster compliance and resilience. Through structured educational sessions, patients learn to differentiate between rational and irrational thinking, thereby improving their emotional regulation and decision-making. The literature suggests that this process leads to increased psychological flexibility, reduced anxiety, and greater self-acceptance, which collectively contribute to enhanced self-efficacy. In turn, these cognitive and emotional improvements support behavioral consistency in maintaining hypertension control and preventing cardiovascular events.

The synthesis of reviewed studies also reveals that REBT-based interventions have demonstrated effectiveness across diverse health populations, though their specific application to hypertensive patients remains limited. In studies involving diabetic and cardiac patients, REBT education significantly improved treatment adherence and emotional well-being, suggesting that the same principles could be effectively adapted for hypertension management. When applied to hypertensive contexts, REBT fosters a cognitive restructuring process where patients replace irrational worry and self-doubt with rational optimism and proactive coping mechanisms. The literature highlights that even brief REBT educational programs can lead to measurable improvements in patients' confidence to follow lifestyle guidelines, such as reducing sodium intake, maintaining regular physical activity, and managing stress. These findings suggest that integrating REBT principles into hypertension education programs can enhance patient engagement and promote sustained behavioral change(Abdussamad et al., 2024).

Additionally, the literature demonstrates a strong connection between self-efficacy improvement and physiological health outcomes among hypertensive patients.

Individuals who exhibit higher self-efficacy not only report better psychological well-being but also achieve measurable reductions in blood pressure and overall cardiovascular risk. The enhancement of self-efficacy through REBT education promotes the development of internal motivation, enabling patients to take ownership of their health management rather than relying solely on external reinforcement from healthcare providers. This internalization of responsibility leads to more autonomous and sustained health behaviors. Moreover, the psychological stability gained through REBT helps mitigate stress-induced blood pressure fluctuations, thereby supporting both emotional and physiological balance. The convergence of psychological and biological improvements in these studies underscores the multidimensional benefits of integrating REBT-based education into hypertension management frameworks.

The review findings further indicate that REBT education enhances the patient–clinician relationship by fostering a more collaborative and empathetic communication dynamic. When patients understand that their emotional responses and irrational beliefs can influence disease outcomes, they become more open to dialogue and feedback during consultations. Healthcare providers, in turn, can tailor education and counseling sessions to address patients' cognitive barriers and emotional resistance. This reciprocal understanding strengthens therapeutic alliances, which are known predictors of better adherence and treatment satisfaction. Studies reviewed consistently show that educational programs incorporating REBT principles yield higher levels of patient engagement, motivation, and trust toward medical professionals. These relational improvements serve as an important intermediary mechanism through which self-efficacy is reinforced and long-term behavioral change is sustained.

Another key result emerging from the literature is that REBT education can be effectively integrated into community-based and nursing interventions aimed at chronic disease prevention. Several sources highlight that group-based REBT education sessions—conducted through workshops, health seminars, or peer-support groups—can produce substantial psychosocial benefits at a collective level. Participants not only gain cognitive and emotional insights but also receive social reinforcement from peers who share similar challenges. This communal approach amplifies the effects of REBT by creating a supportive environment that normalizes rational thinking and adaptive coping strategies. Moreover, nurses and community health educators play a pivotal role in facilitating such interventions, ensuring accessibility and continuity of psychological education. Thus, REBT education emerges as a scalable model capable of enhancing community-level self-efficacy and promoting cardiovascular health resilience.

Finally, the overall synthesis concludes that the educational integration of REBT within hypertension management offers a holistic model for cardiovascular complication prevention. The reviewed evidence consistently supports that when patients learn to challenge irrational beliefs and adopt rational perspectives, they become more empowered to manage their condition proactively. This empowerment manifests in improved self-regulation, adherence, and emotional resilience—core components of self-efficacy. By combining cognitive restructuring with behavioral education, REBT not only improves psychological outcomes but also aligns with biomedical goals of reducing cardiovascular morbidity. Therefore, the cumulative findings

reinforce that REBT education serves as both a preventive and therapeutic strategy, bridging the gap between psychological empowerment and physiological well-being among hypertensive patients.

Discussion

1. Interpretation of Findings: The Cognitive-Emotional Mechanism Behind Self-Efficacy Improvement

The findings of this study indicate that *Rational Emotive Behavior Therapy Education* (REBT Education) plays a significant role in enhancing the self-efficacy of hypertensive patients through cognitive and emotional restructuring. By helping individuals identify and challenge irrational beliefs, REBT transforms maladaptive thought patterns into rational perspectives that promote adaptive behavior. This cognitive change directly influences emotional stability, reducing anxiety and hopelessness commonly associated with chronic illness management. Consequently, patients become more confident in their ability to control hypertension-related behaviors such as medication adherence, diet modification, and physical activity. The mechanism linking cognition and emotion in this context aligns with Bandura's assertion that self-efficacy is shaped not only by past experiences but also by cognitive appraisal of one's ability to cope with challenges. Thus, REBT serves as a psychological medium through which patients learn to reinterpret their condition rationally, empowering them to engage consistently in preventive health behaviors.

Table 1. Mechanism of REBT Education in Enhancing Self-Efficacy among Hypertensive Patients

Component	Description	Psychological Process Involved	Behavioral Outcome
Intervention: REBT Education	A structured educational approach based on *Rational Emotive Behavior Therapy* principles designed to identify and modify irrational beliefs.	Cognitive restructuring and emotional regulation through guided reflection and rational dialogue.	Increased awareness of thinking errors and greater acceptance of personal control in disease management.
Cognitive Change	Transformation of maladaptive thought patterns into rational, constructive beliefs.	Reframing negative self-statements (e.g., "I can't control my blood pressure") into rational affirmations ("I can manage my condition with consistent effort").	Improved motivation to adhere to lifestyle modifications and medication regimens.
Emotional Stability	Reduction in anxiety, hopelessness, and emotional reactivity commonly found in chronic disease patients.	Emotional desensitization through rational analysis of fear and frustration.	Enhanced resilience and optimism toward long-term hypertension control.
Self-Efficacy Development	Strengthening of personal belief in one's ability to perform health-related behaviors effectively.	Positive self-appraisal and reinforcement of successful coping experiences.	Increased self-confidence and consistency in preventive behaviors

Component	Description	Psychological Process Involved	Behavioral Outcome
			(e.g., exercise, healthy diet, stress control).
Integration of Cognition and Emotion	Dynamic interaction between rational thought and emotional balance leading to adaptive coping.	Alignment with Bandura's concept that self-efficacy is influenced by cognitive appraisal and mastery experience.	Sustained engagement in preventive health practices and long-term behavioral change.

2. The Relevance of REBT Education in Chronic Disease Management

REBT Education offers a unique framework for addressing behavioral non-compliance in chronic diseases, including hypertension. Unlike traditional educational approaches that focus solely on information dissemination, REBT emphasizes emotional reasoning and belief modification. This distinction is critical because many hypertensive patients possess adequate knowledge about their condition yet fail to apply it due to emotional resistance or irrational thinking. By integrating emotional regulation into education, REBT bridges the gap between knowledge and behavioral execution. The reviewed literature demonstrates that such cognitive-behavioral education enhances patients' internal motivation, allowing them to act autonomously rather than relying on external reminders. Moreover, this approach fosters a sustainable behavioral transformation since rational beliefs, once internalized, become self-reinforcing mechanisms of adherence. Therefore, REBT Education holds substantial relevance for chronic disease management programs that aim to achieve long-term behavioral change and reduce cardiovascular morbidity through psychological empowerment.

3. Integration of REBT Education into Nursing and Community Health Practices

A critical implication emerging from this study is the potential integration of REBT-based education into nursing and community health frameworks. Nurses, as frontline healthcare providers, are ideally positioned to implement psychosocial interventions that address both the emotional and cognitive needs of patients. By incorporating REBT principles into patient education, nurses can provide holistic care that transcends pharmacological management. Community-based REBT education programs, such as support groups or health workshops, further extend this benefit by fostering peer learning and social reinforcement. These collective formats create safe spaces where patients can express emotional challenges, receive feedback, and model rational coping behaviors from others. Such community-level interventions align with public health strategies promoting self-care and chronic disease prevention. Consequently, integrating REBT Education into nursing curricula and community health initiatives could significantly enhance the effectiveness of hypertension management programs, supporting both individual empowerment and population-level health improvement.

4. Implications for Psychological Health and Cardiovascular Outcomes

The interplay between psychological health and cardiovascular well-being becomes evident through the integration of REBT Education in

hypertensive care. Studies reviewed consistently show that improvements in self-efficacy not only reduce psychological distress but also contribute to measurable physiological benefits, such as stabilized blood pressure and decreased cardiovascular risk. This dual impact arises because emotional regulation mitigates stress responses—one of the key triggers of blood pressure elevation. When patients replace irrational fears with rational coping mechanisms, their sympathetic nervous system activation diminishes, allowing for better cardiovascular regulation. Furthermore, enhanced psychological resilience leads to higher consistency in medication use and lifestyle maintenance. These outcomes emphasize that addressing emotional and cognitive dimensions is not supplementary but integral to cardiovascular prevention. Therefore, REBT Education emerges as a comprehensive approach that unifies psychological well-being and biomedical goals in hypertension management.

5. Theoretical and Practical Contributions of the Study

This research contributes both theoretically and practically to the fields of health psychology and behavioral medicine. Theoretically, it bridges Bandura's Self-Efficacy Theory and Ellis's REBT framework, demonstrating their synergistic application in chronic disease contexts. This theoretical integration expands the understanding of how cognitive restructuring can serve as a foundation for self-efficacy enhancement. Practically, the study provides a conceptual model for implementing REBT Education as part of patient empowerment initiatives. Health educators and clinicians can use this framework to design structured educational modules that focus on identifying irrational beliefs, developing rational responses, and reinforcing behavioral consistency. Additionally, the study underscores the necessity of interdisciplinary collaboration between psychologists, nurses, and physicians to operationalize such models effectively. The integration of psychological theory into practical healthcare not only enriches patient education but also strengthens the holistic dimension of clinical intervention.

6. Limitations and Directions for Future Research

Despite its valuable insights, this study acknowledges several limitations inherent to its library-based design. Since the data are derived from existing literature rather than direct empirical observation, the conclusions primarily represent theoretical generalizations rather than experimentally tested outcomes. Moreover, variations in sample populations, intervention designs, and outcome measures across studies may affect the generalizability of the findings. Future research should therefore involve empirical trials evaluating REBT Education's direct impact on hypertensive patients' self-efficacy, behavioral adherence, and cardiovascular outcomes. Mixed-method approaches combining quantitative measurement and qualitative exploration could provide deeper insights into how patients internalize rational-emotive principles. Furthermore, longitudinal studies are recommended to assess the sustainability of self-efficacy improvements over time. By addressing these gaps, future investigations can transform the conceptual findings of this study into robust, evidence-based applications that advance both psychological and medical dimensions of hypertension care.

CONCLUSIONS

the findings of this study affirm that Rational Emotive Behavior Therapy Education (REBT

Education) plays a pivotal role in enhancing the self-efficacy of hypertensive patients through a structured process of cognitive and emotional restructuring. By guiding patients to identify and challenge irrational beliefs, REBT fosters rational thinking, emotional balance, and behavioral consistency in hypertension management. This transformation enables individuals to replace negative and self-defeating thoughts with constructive and empowering cognitions, thereby reducing anxiety, strengthening motivation, and promoting adherence to healthy behaviors such as medication compliance, dietary regulation, and regular physical activity. The integration of REBT principles within patient education not only supports psychological well-being but also aligns with Bandura's self-efficacy theory, emphasizing the significance of cognitive appraisal and emotional mastery in behavior change. Ultimately, REBT Education serves as a holistic framework that bridges mental empowerment and physical health, contributing to sustainable cardiovascular complication prevention among individuals with hypertension.

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