

ANALYSIS OF NURSING CARE FOR PATIENTS WITH HYPERTENSION EXPERIENCING ACUTE PAIN THROUGH THE APPLICATION OF SLOW STROKE BACK MASSAGE IN THE TERATAI WARD OF BANGIL REGIONAL GENERAL HOSPITAL, PASURUAN REGENCY

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ABSTRACT

Hypertension is a chronic condition that increases the risk of cardiovascular complications if not properly managed. Unstable blood pressure affects physiological conditions and causes symptoms such as headaches, muscle tension, sleep disturbances, and a reduced quality of life. Nonpharmacological interventions back massage with slow movements are used to promote relaxation and reduce pain responses. This study aims to evaluate nursing care for patients with hypertension using SSBM to lower blood pressure and reduce headaches. A case study design with a nursing process approach was used. The study subject was a 47-year-old female patient suffering from hypertension and acute pain (pain scale of 6). SSBM was administered for 10 minutes per session, once daily for three days, in combination with standard care. The results showed a decrease in blood pressure, reduced pain intensity, increased relaxation, and improved sleep quality. SSBM is effective, comprehensive, and sustainable in managing hypertension, improving patient well-being holistically and with a long-term orientation.

Keywords: *Hypertension, Acute pain, Slow stroke back massage*

INTRODUCTION

Cardiovascular disease is one of the most significant public health issues in Indonesia. Among the various types of cardiovascular diseases, hypertension is one of the most common conditions affecting the population (Renaldo, 2025). Hypertension is often referred to as “the silent disease” (Prabawati & Agusman, 2024). Hypertension is a noncommunicable disease with a high global prevalence and serves as a major risk factor for various serious complications, such as stroke, kidney failure, disability, premature death, and cardiovascular disease (CVD) (Aniek Puspitosari & Ninik Nurhidayah, 2022). Elevated blood pressure is influenced by various factors, including high salt intake, stress, genetic predisposition, lack of physical activity, and being overweight or obese (Prihati, 2017). A common symptom experienced by people with hypertension is headaches, ranging from mild to severe. The pain is most often felt in the nape of the neck (back of the neck) and radiates to the back of the head (Ferdisa & Ernawati, 2021).

As a global public health issue, hypertension shows a steadily increasing prevalence. According to the World Health Organization, by 2025, approximately 1.4 billion adults aged 30–79 worldwide will have hypertension. Based on national data from the Riskesdas report, the prevalence of hypertension in Indonesia has reached 34.11%. When examined by demographic characteristics, gender-related factors indicate that women have a higher prevalence (36.85%) compared to men (31.34%) (Kesehatan & Indonesia, 2020). In a regional context, the East Java Provincial Health Office (2020) continues to optimize health service coverage for this patient group. For example, a significant burden of cases has been identified at the local level, such as in the Pasuruan region, which recorded approximately

15,530 cases. Based on data from a 2-week preliminary study in the Teratai Ward of Bangil Regional General Hospital, there were 10 patients diagnosed with hypertension. During interviews and blood pressure checks, the patients' pain levels ranged from 4 to 7 indicating moderate to severe pain with stage 1 and 2 hypertension.

Hypertension occurs through activation of the renin-angiotensin system, in which angiotensinogen is converted to angiotensin I and then to angiotensin II by ACE. Angiotensin II increases blood pressure through two mechanisms: increased secretion of antidiuretic hormone (ADH), which reduces urine excretion and increases extracellular fluid volume; and stimulation of aldosterone secretion, which increases sodium and fluid retention. These mechanisms lead to elevated blood pressure. Pain in patients with hypertension is caused by structural changes in blood vessels that trigger vasoconstriction and impaired cerebral circulation, thereby increasing vascular resistance and causing headaches (Isna et al., 2024). Acute pain is a sensory and emotional experience resulting from tissue damage, with a sudden or gradual onset, ranging in intensity from mild to severe, lasting less than 3 months, and characterized by complaints of pain, grimacing, protective behavior, restlessness, increased heart rate, and sleep disturbances (PPNI, 2017).

Pain management is carried out through pharmacological and non-pharmacological interventions. Pharmacological management involves the administration of analgesics, but these can cause side effects such as drowsiness, addiction, gastric bleeding, gastrointestinal damage, and kidney problems. Non pharmacological interventions, used as supportive therapy in pain management, can include complementary therapies such as slow-stroke back massage. Slow-stroke back massage is a technique that involves gently stroking the back with slow, deliberate movements. This slow stroke back massage technique triggers the release of endorphins, thereby blocking pain signals. The technique for performing slow-stroke back massage can be carried out in several ways; one of them involves stroking the skin at a rate of 60 times over approximately 3 minutes, using slow and rhythmic hand movements. Short, circular strokes tend to be stimulating, while long, gentle strokes can provide pleasure and comfort, thereby reducing pain complaints (Astanti, 2022).

Based on the above description, the author is interested in conducting an analytical study on "Analysis of Nursing Care for Acute Pain in Hypertensive Patients Through the Application of Slow Stroke Back Massage in the Teratai Ward of Bangil Regional General Hospital, Pasuruan Regency." The objective of this study is to evaluate the effectiveness of applying the Slow Stroke Back Massage in lowering blood pressure and reducing the intensity of patients' pain through a systematic nursing process approach.

This study employs a descriptive case study approach. The study subject was a hypertensive patient experiencing acute pain in the Teratai Ward of Bangil Regional General Hospital. Data collection was conducted through nursing assessments, which included a medical history, physical examination, and pain scale measurements. The intervention consisted of a back massage using slow strokes for a specific duration in accordance with standard nursing procedures. Data analysis was performed descriptively by comparing pain scale scores before and after the intervention.

METHOD

This study employed a case study approach using the nursing process, which includes systematic assessment, diagnosis, intervention, implementation, and evaluation. The study subject was a 47-year-old female patient with a medical diagnosis of hypertension who was experiencing acute pain with a pain score of 6. The intervention consisted of Slow Stroke Back Massage therapy for approximately 10 minutes per session, performed once a day for three consecutive days from January 15 to January 17, 2026, combined with pain management. Data analysis was conducted descriptively by comparing the pain scale scores before and after the intervention.

FINDING AND DISCUSSION

RESEARCH RESULT

Table 1: *Blood pressure readings and pain scale scores in hypertensive patients before and after receiving Slow Stroke Back Massage therapy*

No	Day/Date	Before the <i>Slow Stroke Back Massage Therapy</i>	After the <i>Slow Stroke Back Massage Therapy</i>
1	Thursday, January 15, 2026	Scale 6 Blood pressure: 181/83 mmHg	Scale 5 Blood pressure: 171/96 mmHg
2	Friday, January 16, 2026	Scale 4 Blood pressure: 160/95 mmHg	Scale 3 Blood pressure: 152/90 mmHg
3	Saturday, January 17, 2026	Scale 3 Blood pressure: 150/90 mmHg	Scale 1 Blood pressure: 140/85 mmHg

Nursing care was provided over three days, focusing on pain management through observation, education, therapeutic interventions, and collaboration. On the first day, pain and vital signs were assessed, followed by a Slow Stroke Back Massage (SSBM) session lasting approximately 10 minutes. The results showed a decrease in the pain scale from 6 to 5, blood pressure dropped from 181/83 mmHg to 171/96 mmHg, and the patient began to feel more relaxed, although still slightly restless. On the second day, the SSBM intervention continued, accompanied by monitoring of pain and vital signs. The results showed a more significant reduction in pain; the patient appeared calmer, muscle tension decreased, and there was an improvement in comfort and sleep quality. On the third day, a follow-up evaluation was conducted using Slow Stroke Back Massage therapy, along with monitoring of the patient's condition. The final results showed a gradual decrease in blood pressure and pain levels; the patient appeared more relaxed, was no longer anxious, and sleep quality improved. Overall, the Slow Stroke Back Massage intervention was effective in reducing pain and improving comfort in patients with hypertension.

DISCUSSION

1. Nursing Assessment

According to data obtained during the assessment on January 15, 2026, the patient reported that the pain appeared suddenly; the patient described the pain as a sharp, stabbing sensation in the nape of the neck that radiated to the back of the head, with a pain intensity of 6 on the pain scale. The pain came and went, lasting approximately 2–

3 minutes and occurring frequently. The patient appeared to be grimacing in pain and seemed restless; blood pressure: 181/83 mmHg, pulse: 105 beats per minute, respiratory rate: 20 breaths per minute, SpO₂: 98%. The findings were corroborated by the patient's report of a history of hypertension and use of captopril, though the medication is taken only when experiencing headaches; the patient also reported a family history of hypertension from her mother. The patient reported enjoying a diet of corn rice with klotok fish and salted fish, pohong chips, peyek, and coconut milk-based vegetable dishes such as lodeh, and always adding salt while cooking because she finds food that isn't salty to be unappetizing. Height: 155 cm, weight: 63 kg. BMI: 26.2 (Class I obesity).

Headaches in people with hypertension occur due to elevated blood pressure, which causes structural changes in blood vessels and arterioles, thereby disrupting blood flow. This condition reduces oxygen levels and increases carbon dioxide and lactic acid, which in turn stimulate pain receptors, particularly in the back of the neck (Aprilla, 2023). Genetic factors also play a role; individuals with a family history of hypertension are at higher risk due to an imbalance of sodium and potassium (Purhadi & Sabardi, 2025). Furthermore, adherence to antihypertensive medication is crucial for maintaining stable blood pressure, as non-adherence can increase the risk of serious complications such as organ damage, heart attacks, and strokes (Nur et al., 2024). Lifestyle factors, such as a diet high in sodium and fat, also contribute to elevated blood pressure through fluid retention, blood vessel constriction, and atherosclerosis (Mawaddha et al., 2025; Simatupang & Siregar, 2017). Obesity also contributes to hypertension through activation of the RAAS system, leptin resistance, increased sympathetic nerve activity, as well as inflammatory processes and endothelial dysfunction that cause vasoconstriction and an increase in blood volume (Darwis, 2025).

Researchers hypothesize that the patients' headaches are related to uncontrolled hypertension. Genetic factors from family history double the risk of hypertension due to the influence of sodium and potassium balance. Patients' non-adherence to antihypertensive medication—taking it only when pain occurs—further exacerbates the condition. A high-sodium diet—such as salted fish, potato chips, and salty foods—as well as the consumption of coconut milk-based dishes contributes to increased blood pressure through fluid retention, blood vessel constriction, and atherosclerosis. Additionally, obesity (BMI 26.2) increases the risk through activation of the RAAS system and the sympathetic nervous system. Thus, hypertension in these patients results from the interaction of various factors—genetics, lifestyle, non-adherence to treatment, and obesity—which collectively trigger elevated blood pressure and headaches.

2. Nursing Diagnosis

Based on the client's subjective and objective data as determined by the assessment, Ms. S, who is being treated for hypertension, has been given the nursing diagnosis of acute pain related to a physiological injury, characterized by the patient reporting that the pain suddenly worsens when she moves, and that she feels a tingling pain in the nape of her neck that radiates to the back of her head. The patient reported a pain level of 6 out of 10; the pain comes and goes, lasting approximately 2–3 minutes and occurring frequently. The patient appears restless and grimaces while trying to

endure the pain. Blood pressure: 181/83 mmHg, pulse: 105 beats per minute, respiratory rate: 20 breaths per minute, SpO₂: 98%.

According to the SDKI (SDKI Working Group, 2018), the nursing diagnosis of acute pain is characterized by major symptoms such as complaints of pain (subjective) as well as objective signs such as grimacing, protective postures, restlessness, increased pulse rate, and difficulty sleeping. Minor symptoms include elevated blood pressure, changes in breathing patterns and appetite, impaired cognitive function, withdrawal, self-absorption, and diaphoresis. This is consistent with the study by Ferdisa & Ernawati (2021), which states that patients with hypertension generally experience headaches ranging from the forehead to the back of the head and radiating to the neck; they grimace, exhibit elevated blood pressure and pulse, and hold the painful area, thereby supporting a diagnosis of acute pain.

According to the researcher's assumption, the nursing diagnosis of acute pain for Mrs. S was appropriate and rational because it was based on more than 80% of subjective and objective data consistent with the major criteria of the Indonesian Nursing Diagnosis Classification (SDKI). The patient reported that the pain was sudden and worsened with movement; she described the pain as a tingling sensation in the nape of her neck that radiated to the back of her head. The patient reported a pain score of 6 out of 10; the pain was intermittent, lasting approximately 2–3 minutes, and occurring frequently. The data collected were considered comprehensive because the assessment was conducted thoroughly and systematically. This was supported by the patient's good communication skills in explaining her complaints and triggering factors, such as non-compliance with medication and a diet high in salt and coconut milk. In addition, the nurse conducted periodic objective observations of vital signs and pain responses, and evaluated the Slow Stroke Back Massage therapy to ensure a reduction in pain and blood pressure. Therefore, a comprehensive assessment is essential and should not rely on a single indicator alone.

3. Nursing Interventions

The nursing care plan to address Mrs. S's acute pain was developed based on the goals to be achieved within a 3x24-hour period. The primary goals are to reduce pain complaints, decrease grimacing, reduce restlessness, improve pulse rate, and improve blood pressure. Interventions include observation, therapeutic measures, education, and collaboration. Observation involves assessing the characteristics of the pain, its intensity, nonverbal responses, and triggering factors, as well as monitoring the effectiveness of therapy and the side effects of analgesics. Therapeutic measures consist of administering the nonpharmacological "Slow Stroke Back Massage" technique and facilitating rest. Education includes an explanation of pain and training in the "Slow Stroke Back Massage" technique for approximately 10 minutes. Collaboration is carried out with the medical team regarding the administration of analgesics.

There are various interventions that can be performed in accordance with the Indonesian Nursing Intervention Standards (SIKI) guidelines to address acute pain nursing issues in patients with hypertension, including pain management, administration of analgesics, and so on. To address acute pain, nonpharmacological techniques were applied to reduce pain and lower blood pressure in the patient through Slow Stroke Back

Massage therapy, performed 10 times over a period of 1 minute and 40 seconds using alternating hand movements, kneading, friction, effleurage, petrissage, and tapping (tapotement) (Ayu et al., 2023).

According to the researchers, the intervention provided to Mrs. S was consistent with nursing theory through the nonpharmacological Slow Stroke Back Massage approach. The application over 3 days, lasting approximately 10 minutes each session, showed gradual improvement, marked by a reduction in pain, grimacing, and restlessness, as well as improvements in pulse rate and blood pressure. This intervention provides a relaxing effect through stimulation of the parasympathetic nervous system, thereby increasing comfort and helping to control blood pressure in patients with hypertension.

4. Nursing Implementation.

Nursing intervention in this case study focused on a single nursing problem: acute pain. The intervention phase involved the collaborative administration of pantoprazole 40 mg once daily, furosemide 40-0-0, oral amlodipine 10 mg-0-0, valsartan 80 mg twice daily, clonidine 0.15 mg three times daily, sucralfate 3 times 1, and performing a Slow Stroke Back Massage by preparing a blanket or towel to maintain the patient's privacy and applying baby oil to the skin to prevent friction during the massage.

On the first day (January 15, 2026), the nurse implemented interventions through observation, therapeutic care, education, and collaboration. The assessment revealed that the patient complained of pain in the nape of the neck radiating to the back of the head, characterized by a tingling sensation that came and went for approximately 2–3 minutes at frequent intervals. Pain scale: 6; blood pressure: 181/83 mmHg; and pulse: 105 beats per minute, accompanied by a grimacing expression and restlessness. The pain worsened during activity and subsided during rest. After receiving Slow Stroke Back Massage therapy for approximately 10 minutes, the pain decreased to a score of 5, blood pressure dropped to 171/96 mmHg, and pulse rate decreased to 103 beats per minute; the patient appeared more relaxed with no side effects. The family understood the education provided regarding pain and massage techniques, and a collaborative approach was implemented with the administration of pharmacological therapy consisting of oral valsartan, clonidine, and sucralfate.

On the second day (January 16, 2026), the patient's condition showed improvement. Pain was still felt in the nape of the neck, radiating to the back of the head, but the intensity had decreased, with episodes lasting approximately 1–2 minutes and occurring less frequently. The pain scale before the intervention was 4, blood pressure was 160/95 mmHg, and pulse rate was 98 beats per minute. After $\pm$ 10 minutes of Slow Stroke Back Massage therapy, the pain decreased to a level of 3 on the pain scale, blood pressure was 152/90 mmHg, and pulse rate was 88 beats per minute; the patient appeared calmer and more relaxed, with no side effects. The patient was able to rest more comfortably, understood the cause of the pain, and the family was able to practice the massage technique. Treatment continued through pharmacological therapy, including injections of pantoprazole and furosemide, as well as oral amlodipine, valsartan, and clonidine.

On the third day (January 17, 2026), there was a significant improvement in the patient's condition. The patient experienced only mild pain in the form of soreness and

stiffness in the back of the neck, lasting approximately 1 minute and occurring infrequently. The pain scale before the intervention was 3, blood pressure was 150/90 mmHg, and pulse rate was 92 beats per minute; the patient appeared calm and relaxed. After $\pm$ 10 minutes of Slow Stroke Back Massage therapy, the pain decreased to a level of 1 on the pain scale, with blood pressure at 140/85 mmHg and a pulse rate of 78 beats per minute. The patient felt more comfortable, was able to sleep more soundly, and no side effects were observed. Education and therapeutic interventions proceeded optimally, and the family was able to perform the massage technique independently, while continuing the pharmacological therapy regimen consisting of pantoprazole and furosemide injections, as well as oral amlodipine, valsartan, clonidine, and sulcrafate.

Implementation is the next stage of planning, focusing on client needs, influencing factors, action strategies, and communication (Widuri, 2023). The application of Slow Stroke Back Massage over 3 days, lasting 3–10 minutes per session, has been shown to produce changes in blood pressure and pain scores among patients with hypertension (Hermawan et al., 2024). Gentle massage techniques provide a relaxing effect, while circular movements are stimulating. This is consistent with the research by Purnamasari et al. (2023), which showed that this therapy is effective in lowering blood pressure and pain through vasodilation of blood vessels, thereby improving blood flow.

According to the researchers, the application of Slow Stroke Back Massage in hypertensive patients with acute pain effectively reduced pain intensity and blood pressure gradually, as indicated by a decrease in the pain scale from 6 to 1 and an improvement in vital signs over a 3-day period. Patients also appeared more relaxed, were able to rest better, and felt more comfortable. The success of this intervention was supported by a comprehensive nursing approach (observation, therapy, education, and collaboration) as well as family involvement in understanding and practicing the technique. Thus, the Slow Stroke Back Massage is an effective and practical nonpharmacological intervention for pain management in patients with hypertension.

5. Nursing Assessment

First-day evaluation (January 15, 2026): The patient still complained of pain in the nape of the neck radiating to the back of the head, characterized by a throbbing sensation, lasting approximately 2–3 minutes and occurring frequently, with a pain score of 5. Objectively, the patient appeared moderately grimacing and restless, with blood pressure of 171/96 mmHg and a pulse rate of 103 beats per minute. Although the patient reported that the pain had slightly subsided after a massage, the acute pain was deemed not yet resolved, so intervention continued.

On the second day of evaluation (January 16, 2026), the patient's condition began to show improvement. Pain was still present but its intensity had decreased; episodes lasted approximately 1–2 minutes and occurred less frequently, with a pain scale of 3. The patient appeared calmer, with reduced grimacing and restlessness, and blood pressure had decreased to 152/90 mmHg with a pulse rate of 88 beats per minute. Based on these results, the acute pain issue was deemed partially resolved, and the intervention continued.

On the third day of evaluation (January 17, 2026), the patient's condition continued to improve. The patient experienced only mild pain lasting approximately 1 minute and

occurring infrequently, with a pain score of 1. Objectively, the patient appeared more relaxed, with reduced grimacing and restlessness, and had a blood pressure of 140/85 mmHg and a pulse rate of 78 beats per minute. Based on this evaluation, the acute pain issue was deemed resolved. The patient was discharged (KRS) with the recommendation to continue non-pharmacological interventions in the form of Slow Stroke Back Massage independently at home with the help of family members.

According to the SLKI, the outcome for acute pain is the pain level, with indicators including a reduction in pain complaints, grimacing, and restlessness, as well as improvements in pulse rate and blood pressure (SLKI Working Group, 2018). Nursing interventions were carried out over 3 days, with monitoring and documentation of the patient's response to the interventions. Pain management included a comprehensive assessment of pain characteristics, nonverbal responses, and triggering factors, as well as monitoring the effectiveness of therapy and analgesic side effects. The primary intervention involved the application of Slow Stroke Back Massage to reduce pain and promote rest. In addition, education was provided on the causes, triggers, and pain management strategies, including training in nonpharmacological techniques (Aprilla, 2023).

According to the researchers' hypothesis, administering the Slow Stroke Back Massage for 3 days resulted in a gradual improvement in the clients' condition. This therapy promotes relaxation, improves blood circulation, and reduces muscle tension, thereby helping to alleviate pain and lower blood pressure. The success of the intervention was also supported by the active involvement of patients and their families in understanding and practicing the technique. Thus, this intervention is effective in managing acute pain in patients with hypertension and can be continued independently at home.

6. Analysis of the slow stroke back massage intervention in patients with hypertension

This case study aims to assess the extent to which Slow Stroke Back Massage therapy helps alleviate acute pain in patients with hypertension. Patients received Slow Stroke Back Massage therapy for approximately 10 minutes, administered once every 24 hours. Patients were positioned as comfortably as possible; their clothing was then removed from the back area while maintaining patient privacy before the massage was performed on the back, and olive oil or baby oil was applied to the shoulders and back. The Slow Stroke Back Massage therapy was performed 10 times over a period of 1 minute and 40 seconds, alternating between hand movements, kneading, friction, effleurage, petrissage, and tapping (tapotement). Once the acute pain was resolved, the intervention continued with education on taking medication regularly and performing Slow Stroke Back Massage at home. Daily evaluations showed that consistent pharmacological and non-pharmacological interventions can accelerate the client's recovery. Therefore, the nurse's active role is crucial in ensuring the success of the intervention.

The findings of this study are consistent with those of (Purnamasari et al., 2023), which showed that a 3-day course of Slow Stroke Back Massage therapy effectively reduced blood pressure and pain scores. Before therapy, both patients had blood pressure above 140 mmHg with pain scores of 5 and 4; after therapy, these decreased to 120–130

mmHg with pain scores of 1 and 0, so that the patients felt more comfortable and pain-free. This is supported by a study (Putri, 2025) stating that a 3-day course of Slow Stroke Back Massage therapy, lasting 10–15 minutes per day, is effective as a non-pharmacological method for reducing headaches in elderly patients with hypertension. Initially, patients experienced headaches, difficulty sleeping, restlessness, and high blood pressure accompanied by moderate pain; however, by the third day, the headaches were no longer felt.

Slow Stroke Back Massage therapy has a positive effect by stimulating the parasympathetic nervous system, which triggers the release of endorphins, thereby inducing a relaxation response. This activity causes vasodilation of blood vessels, a decrease in heart rate, and a reduction in the force of heart contractions, ultimately leading to a decrease in peripheral resistance and blood pressure. Massage of the back area has also been shown to lower heart rate by up to 10 beats per minute and blood pressure by approximately 8%. Additionally, this therapy helps facilitate the flow of the body's energy, is practical, and can be performed independently (Ayu et al., 2023). This theory is also consistent with (Wardani, 2024), who states that regular application of SSBM three times a week can lower blood pressure, cortisol levels, and anxiety. The release of endorphins also plays a role in dilating blood vessels, providing a calming effect, and helping to reduce pain through increased blood flow and the inhibition of pain impulses.

According to the researchers' hypothesis, three days of nursing care for patients with acute pain showed that all outcome criteria were gradually met. This was influenced by the Slow Stroke Back Massage therapy, which produced a relaxing effect on the skin and muscles, leading to vasodilation and a reduction in the heart's workload in pumping blood. The decrease in blood pressure was also supported by the patient's use of antihypertensive medication.

CONCLUSION

1. Nursing care for patients with hypertension has been carried out systematically, from assessment through evaluation. The assessment results indicate that the patient is experiencing a throbbing headache in the nape of the neck that radiates to the back, of moderate intensity, accompanied by elevated blood pressure and a grimacing expression. Based on this data, a nursing diagnosis of acute pain was established, consistent with both theory and the patient's condition.
2. Intervention planning focused on reducing pain and improving comfort through monitoring vital signs, pain observation, the Slow Stroke Back Massage technique, as well as education on pain management and medication adherence. Implementation proceeded as planned; the patient was cooperative and able to follow the Slow Stroke Back Massage technique.
3. The evaluation showed a decrease in pain intensity, a more relaxed expression, and an improvement in the patient's general condition, indicating that the intervention was effective. Overall, there was alignment between theory and practice, and comprehensive nursing care was proven to help address issues in patients with hypertension.

Suggestion:

1. For respondents: Respondents are expected to be consistent and committed to performing the Slow Stroke Back Massage therapy at home according to the procedures taught by the nurse. This intervention should be performed regularly, as it has been proven to help control blood pressure. In addition, respondents also need to adopt a healthy lifestyle.
2. For relevant institutions: It is hoped that healthcare institutions can improve the quality of care, particularly in the management of hypertensive patients with headaches. Institutions are expected to support the optimal implementation of nursing care, ranging from assessment and monitoring of vital signs to continuous pain evaluation. Furthermore, there is a need for policies or programs that encourage the use of nonpharmacological interventions as supportive therapy to reduce pain in patients with hypertension.
3. For healthcare professionals: It is hoped that healthcare professionals, particularly nurses, will be more thorough in conducting pain assessments using a systematic approach (such as PQRST) and will monitor patients' conditions comprehensively. Nurses are also expected to be able to implement appropriate nursing interventions, both independently and collaboratively, including relaxation techniques to help reduce headaches in patients with hypertension. In addition, it is important to educate patients on pain management and self-monitoring of blood pressure.
4. For future researchers: It is hoped that future researchers can expand upon this study by using a broader methodology, extending the observation period, increasing the sample size, and incorporating additional variations of nursing interventions. Thus, the research findings obtained can be more accurate and comprehensive and can serve as a basis for the development of nursing science, particularly in the management of hypertensive patients with pain, thereby enriching evidence-based nursing practice.

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