Abstract

BACKGROUND: Hypertension is a chronic health disorder which affects many aspects of daily life. A bio-psychosocial approach to patients and their problems is needed for hypertension management. Nurses encounter various valuable situations during their activities. Since patients beliefs about health and disease will guide self management measures, a holistic understanding of this subject is necessary. The aim of this study was to identify and describe the experiences of patients with hypertension in a qualitative study.

METHODS: In the current study a descriptive phenomenological framework was used to guide the project of inquiry. The population studied consisted of hypertensive patients referring to Alzahra Hospital, Isfahan University of Medical Sciences, Isfahan, Iran. The sampling method was purposive sampling and continued until data saturation. The data collected was by in-depth interviews and data analysis was done by Colaizzi's seven stages method.

RESULTS: Three themes were identified including clinical experiences about the disease, patients' social experiences, and patients' psychological experiences. These 3 items, respectively, belong to participants' perception about diseases etiology, perception about treatment, and their feeling about their situation.

CONCLUSION: Based on the finding, patients' beliefs about their disease and health situation can affect health behaviors and self-management. Hypertensive patients had mostly experienced chronic situations and treatment process, and their problems such as diet and life style. Life style is an important criterion for our physical health and it should be changed so that hypertensive patients feel relatively healthy, and peaceful. The patients indicated beliefs about their disease and experienced its psychological signs.

Keywords: Hypertension, Lived Experience, Phenomenology

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Introduction

Health is the main aspect of a humans' life. An essential factor in preserving health is the knowledge of the conditions affecting people's behavior and their living environment.¹ People living with chronic diseases encounter many problems and shortages that influence different aspects of their life.² Hypertension is one of those diseases.³ The World Health Organization in its sixth report together with the Center for Disease Control and Prevention announced that prevention, follow up, and treatment of hypertension are key points in the promotion of public health in 2000-2010.⁴

The findings of many researchers have showed that healthcare providers ignore patient's needs and worries. This indicates the necessity of subtle consultation with patients and in-depth exploration of the patients' health beliefs and attitudes. It is necessary to take a holistic view to hypertensive patient assessment and a biopsychosocial approach to the patients and their problems during their care and treatment. Therefore, exploring the patients' experience of nursing care, in a holistic manner, can be valuable.⁵ Nurses need to concentrate on the patients' experiences in order to provide effective strategies for hypertension management.⁶ The aim of this qualitative study was to investigate hypertensive patients' perception about their illness

Materials and Methods

In the current study a descriptive phenomenological framework was used to guide the project of inquiry. Volunteer hypertensive patients were recruited by purposive sampling from the cardiac ward and medical diseases clinics of Alzahra Hospital in Isfahan. Patients with any limitation in describing their experiences, such as communication, disability, or severe illness were excluded from our study. Data was gathered by in-depth, unstructured, and one to one interviews, and completed by eleven participants.

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After taking an informed consent from each patient, each interview was done in a private place in the health care centers. Each interview lasted about 60 minutes in average, based on the patients' preference. All interviews were audio recorded. The focus of interviews were questions that allowed patients to describe their experiences, such as how the disease changed their life, how it is, and etcetera; when it was, more detailed questions were asked. However, bracketing was done before the interviews in order to help data trustworthiness. After repeated listening of and immersing in the first interview, it was transcribed exactly and analyzed for themes using Colaizzi's method. Vague statements were adjusted using a second interview or calling the participant (Step 1). Significant statements were identified and their meaning was rewritten in separate terms; then, the second interview was performed with another participant (Step 2 and 3). Similar meanings were sorted into one group, and the main theme of each extracted group was (Step 4). Finally, а comprehensive description with three main themes was obtained. Qualitative researchers evaluated the trustworthiness of data using the criteria of credibility, dependability, confirmability, and transferability. In this study, for the improvement of these criteria, peer debriefing, member checks, inquiry audit, prolonged engagement of the researcher in data collection and data analysis, and bracketing were considered.

Results

Ten participants with hypertension were interviewed. The findings showed that five participants were female and five were male. 80% of the participants were educated and 20% illiterate. 90% of the participants were married and 10% were widows. Their age range was 45-60 years with the mean age of 51 years. They all had a history of hypertension for more than one year. The three main themes identified were: clinical experiences of the disease, clinical patients' patients' social experiences, and psychological experiences. The patients' clinical experiences included: disease signs and symptoms, diet, the process of treatment, and life style.

One participant stated: "although I referred to the clinics and I took my medications, in the first step I am on a diet; I mean I am compliant to my diet very well, I walk every day, and I don't eat, or eat very little salty food, so I can control my disease". These are principle in hypertension. The social experiences included interpersonal relationships, and the participants' self-concern. Psychological experiences include the two sub-themes of psychological symptoms, and patients' beliefs and attitudes concerning hypertension. For example, two obtained codes were fruit and vegetables consumption, and not taking anti-hypertensive drugs regularly. An example of sub-theme of the first level (clinical experiences of the disease) was signs and symptoms of the disease,, and of a sub-theme of the second level was chronic status and feeling good. Another sub-theme in the first level was treatment process and two sub-themes in the second level were referring, and drug side effects. Some social experiences included (sub-themes of the second level) interpersonal relations and selfconcern and the sub-theme of the second level, familial relationships, relationships with others, work look, and ability to work. The third theme was psychological experiences, which consists of the subthemes of psychological symptoms, and hypertensive patients' attitudes and beliefs. The sub-themes of the third level were irritability, depression, loneliness and anxiety, concerns and fear, harmful effects of long term intake of anti hypertensive drugs, feeling healthy, health preservation, low awareness about treatment, hypertension risk factors, disease acceptance, making peace and punctuality.

Discussion

Hypertension affects all aspects of daily life. Participants' experiences and participation in educational classes cause them to have some beliefs and perceptions about their disease and situation. The three main obtained themes of this study reflect these experiences. According to the findings of the study, hypertensive patients attending the study had experienced one or more chronic disease symptoms. They believed these would be lifelong symptoms. Gascon and Juan, regarding the clinical experiences of the patients, reported that most of the patients complained of headache and hot flashes, and some had experienced a good feeling (no negative effect on life).7 The current research may be a step to recognizing the health and treatment needs of these patients more deeply and to develop a more scientific and practical nursing method. Regarding diet, most of the participants of the current study indicated that they ate either boiled or steamed food, ate less rice and red meat, ate more fish and chicken, were on a low fat and low salt diet, and had a daily intake of antioxidants containing materials such as fruits and vegetables. This showed the importance of diet among the patients. Kjellgren et al. in a qualitative study expressed that participants preferred not to have greasy and salty food while they ate their food with lime or nettle plant.8

Almost all participants were actively involved in the current study. They actively paid attention to follow up, treatment, and blood pressure (BP) control. They claimed to have checked their BP monthly, took an Aspirin together with an Atenolol daily, and controlled their fasting blood sugar and lipid profile. Benson et al. also reported that hypertensive patients had regular control of their BP and treatment follow up.²

Life style is an important aspect of a human's life. People can change their life style, so that they can live in peace and health. Some issues such as controlling the amount of drinking tea, change in life style, sports and physical activity, management of stress, and cessation of smoking were among those issues experienced by the participants in this study. Oliveria et al. concluded that about 89.6% of hypertensive patients believe a life style change can decrease their BP. This is a safe and cost effective way and also one of the public health goals to diminish hypertension.⁹

According to the findings of this study, patients' education regarding their appropriate life style is an essential need among hypertensive patients. One of the main concepts of this study was patients' social experiences of the disease. The participants expressed their experiences concerning their relationship with others and their own family members. Most of them indicated that having relationships with others is an important cause of their physical tiredness. Regarding the psychological symptoms of the disease the participants indicated issues such as irritability, depression, loneliness and anxiety, fear and concerns. Oliveria et al. reported that about 30% of their patients believe their sources of data are their friends. It can be inferred that social relationships bring peace to the patients.9 Since a change in life style plays a major role in the treatment of hypertension, and most of the patients actually believe it, further investigation of the effect of life style change (sports, diet, and etcetera) on hypertension is suggested.

Conflict of Interests

Authors have no conflict of interests.

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