

*Original Article***Investigation experiences of hypertensive patients***Sima Babaei\*, Mahin Moeini\*, Fakhri Sabouhi\*, Nahid Mohammadi\*\****Abstract**

**Background:** Hypertension is one of the major chronic disorders. Hypertensive patients have various disease-related experiences, based on personal and social characteristics, life style and other effective factors. Nurses face different situations during their activities process and presentation of these experiences obtained during working with patients can help them to improve the clinical activities. The purpose of this study was to determine the experiences of hypertensive patients.

**Methods:** This was a qualitative phenomenological survey. The study population was hypertensive patients referred to hospitals of Isfahan University of Medical Sciences. The sampling method was purposeful. The data collected by in-depth interviews and data analysis was done by Collaizi's seven-staged method.

**Results:** The findings of the interviews classified in 133 codes and the thematic analysis revealed three major clusters as: 1. clinical experiences about the disease; 2. social experiences of the disease; and 3. mental-psychological experiences.

**Conclusion:** Hypertensive patients had mostly experienced chronic situations and treatment process as well as their surrounding 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, fine and peaceful in the rest of their life. Patient indicated beliefs about their disease and experienced its psychological signs.

**Key words:** Hypertension, experiences, patient

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Health is the main aspect of humans' life. An essential factor to preserve health is to know the conditions affecting people's behavior and their living environment. People living with chronic diseases encounter lots of problems and shortages that influence different aspects of their life. On one hand, a chronic disease affects all family members; not only they are involved in the patient's disease but also, their own lives are miserably influenced.<sup>1</sup> On the other hand, high cost of health care has caused people to think about the ways to prevent the events resulting in diseases and disability. Hypertension is one of those diseases. Public Health Institute in its

sixth report together with Center for Disease Control announced that prevention, follow up, and treatment of hypertension are key points to promote public health within 2000-2010.<sup>2</sup> Its worldwide mortality rate is reported to be seven million people yearly; Iranian Ministry of Health and Medical Treatment reported that 27% of people, aged between 45-69 years, suffer from hypertension and 42% of them have been hypertensive for over 20 years. This rate is 7-10% for diabetes mellitus and 25% for hyperlipidemia. These facts can reveal that majority of Iranian are predisposed to noncommunicable diseases such as cardiovascular dis-

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eases. In fact, one out of five of Iranians suffers from hypertension.<sup>3</sup>

The prevalence of hypertension in Isfahan is 17.5% (18.6% in women and 16.6% in men). Only 46.2% of patients know their diseases and 33.9% are under treatment. Although, scientific clinical researches show the classic signs and symptoms of hypertension, but for each patient the disease is a unique experience that can be learned by others. What patients often respond is different from what the health teams' believe.<sup>4</sup> Rephrasing the experiences and facts causes the nurses to use them in their clinical practice. Keeping patients' experiences in mind is more valid and permanent than memorizing non experimental data. Nursing interventions, based on patients' experiences, are more practical than disease signs and process.<sup>5</sup>

A professional nurse understands the meaning of a clinical situation and plays his/her role best in such related or unrelated situations. This level of capability is made by experience. Nursing students should learn to respect patient's experiences as a foundation for building new knowledge and a stimulation to evoke new ideas.<sup>6</sup> So, in order to give the clients planned care, the researcher with respect to the lack of similar researches decided to design and conduct a study to declare hypertensive patients' experiences.

## Methods

This was a phenomenology study. The studied population included all patients referred to cardiology wards and internal diseases clinics of university hospitals (Nour, Al-Zahra, and Feize) of Isfahan University of Medical Sciences in 2006. The inclusion criteria were hypertensive patients with blood pressure (BP)  $\geq 160/90$  mmhg, confirmed by a cardiologist or internal medicine specialist, who desired and was able to interview with participants and transfer data including their own experiences. In a try to study frequent participants, to collect precise data, and to avoid bias in this study, those participants who could well remember and express their experiences were studied. Ten patients were selected by pur-

poseful sampling. The participants were interviewed for six months either at home or in the hospital.

Every participant was interviewed for 15-45 minutes and all interviews were tape recorded and coded based on their time rank. The question of the research was "How does a hypertensive patient describe his/her disease-related experiences?"

To avoid any possible bias, the researcher tried to collect the data precisely from those participants yielding true data. The data were collected by Collaizzi's method.<sup>7</sup>

The data were collected by in-depth interviews and saturated after the codes of patients' interviews were repeated and no more new code was made. The data was analyzed using SPSS software.

## Results

Five participants were female and five were male; 80% of them were educated and others were illiterate. 90% of the participants were married and 10% were widow. They were aged 45-60 years with mean age of 51 years and all of them had a history of hypertension for more than one year. The obtained findings were classified in 3 branches with 133 codes; patients' clinical experiences of the disease; patients' social experiences; and patients' psychological experiences.

Patients' clinical experiences included four sub-themes (disease signs and symptoms, diet, the process of treatment, and life style). The social experiences included interpersonal relations and participants' self concern. Psychological experiences include two sub-themes: 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 for clinical experiences of the disease (sub-theme of the first level) was "signs and symptoms of the disease" and a sub-theme of the second level was "chronic status and feeling good". Another sub-theme in the first level was "treatment process" and some sub-themes in

the second level were "referring to doctor, BP control, long term medication and drugs side effects". Some social experiences included "interpersonal relations and self concern"; the sub-themes of the second level, "familial relations, relation with others, work load and ability of working". Some psychological experiences included "psychological symptoms and patients' attitudes and beliefs about hypertension" and the sub-themes of the third level were as "irritability, depression, loneliness and anxiety, concerns and fear, long term intake of anti hypertensive drugs is harmful, feeling healthy, health preservation, low awareness about treatment, hypertension risk factors, disease acceptance, making peace and punctuality".

## Discussion

According to the findings of the study, hypertensive patients attending the study had experienced one or more chronic symptoms. They believed they would be involved life long. Gascon et al (2004) regarding the clinical experiences of the patients reported that most of the patients complained of headache and flashing and some others had experienced a good feeling (no negative effect on life).<sup>8</sup> This research may be a step ahead to recognize the health and treatment needs of these patients more deeply and to develop scientific and practical nursing. Regarding the diet, most of the participants indicated that they took either boiled or steamed food, ate less rice and red meat, took more fish and chicken, were on low fat and low salt diet, and had intake of antioxidant containing materials such as fruits and vegetables. This showed the importance of diet among the patients.

Kejellgeren et al (1998) in a qualitative study expressed that participants prefer not to have greasy and salted food while they ate their food with lime or Nettleplant.<sup>9</sup> Almost all participants, involved in this study, actively paid attention to follow up, treatment and control of BP. They claimed to check their BP monthly, took an Aspirin together with an Atenolol daily,

and control their fasting blood sugar and lipid profile.

Benson et al (2002) reported that hypertensive patients had regular control of their BP and treatment follow up.<sup>10</sup>

Some issues such as making a balance in 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 (2004) 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 is one of the public health goals to diminish hypertension.<sup>11</sup>

The most prevalent psychological symptoms among the participants were irritability, depression, loneliness and anxiety, fear, and concerns.

Most of social experiences of the disease, described by the participants, indicated that communicating with others was one of the important factors in the physical tiredness. Oliveria et al (2004) mentioned that about 30% of the patients obtain their information from their friends and relatives. They concluded that social relation is the reason of the patients' peace.<sup>11</sup>

Most of the participants' believed that anti-hypertensive medication in long term period is harmful. They also specified their feelings, insufficient knowledge about treatment, risk factors, accepting blood hypertension, health care and calm as the important factors in their tolerance.

Patients believed that hypertension is a chronic disease; hypertension causes other diseases such as cardiac diseases and myocardial infarction; maintenance of normal BP is effective; and hypertension could not be completely treated.

Since a change in life style plays a major role in treatment of hypertension, and most of the patients actually believe it, it is suggested to investigate the effect of life style change (sports, diet, etc.) on hypertension.

Also, the authors declare that have no conflict of interest in this study and they have surveyed under the research ethics.

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