



## “EXPERIENCE OF HYPERTENSIVE PATIENTS ATTENDING SERVICES OF DISTRICT HOSPITAL”

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**ABSTRACT** **BACKGROUND OF THE STUDY:** Hypertension is the utmost vital risk factor and one of the important cause of deaths owing to cardiovascular disease. Half of all deaths it is directly answerable due to coronary heart disease(myocardial infarction) and two third of cerebrovascular accidents( stroke). Around 1.5 million New York City adults (one in four) have hypertension was estimated.

**OBJECTIVE:** To explore the experience of hypertensive patients by using semi- structured questionnaire.

**METHODOLOGY:** Qualitative phenomenological design was used to conduct the study at District Hospital, Moradabad, in which 12 hypertensive patients attending services of hospital were selected with Non Probability purposive sampling technique. The data was collected from 2nd march'2017 to 15th march'2017 using semi-structured open-ended questionnaires related to experience of hypertensive patients attending services of hospital. Thematic analysis process was carried for data analysis.

**RESULTS:** Four themes arises from analysis of verbatim that includes views on hypertension, views on hypertension, relatedness with health care providers, reflection of their lifestyle, awareness in hypertension management.

**CONCLUSION :** Patients have share their experience that how to control the high blood pressure where hypertension can be reduced by lifestyle modification which includes dietary changes, increased physical activity, smoking cessation and cutting down the alcohol.

**KEYWORDS :** experience, hypertensive patients, services.

### INTRODUCTION

Hypertension, also known as high blood pressure, is a medical condition in which the blood pressure in the arteries is insistently raised. According to William Harvey (1578-1657), the evolution of hypertension was initiated with the knowledge cardiovascular system. He also defined the circulation of blood in his book “De motu cordis”. In 1733, the English clergyman Stehen Hales had given the blood pressure measurement.

Hypertension has been explained as disease that came amongst others by Richard Bright (1836) and Thomas Young (1808). Frederick Akbar Mahomed (1849-1884) found high blood pressure in a person which is not associated with kidney disease. In 1896, Scipione Riva-Rocci declared that hypertension is a clinical entity that exists with the progress of the cuff-based sphygmomanometer. Nikolai Korotkoff enhanced the process by relating the Korotkoff sounds that can be listen when there is auscultation of artery with the help of stethoscope whereas the sphygmomanometer cuff is deflated.

In South Asia the highest significant and influencing factor of producing diseases is considered to be orthosis condition i.e, elevated blood pressure. In India, hypertension applies the significant problem related to cardiovascular that affect the health of public 57% of death due to stroke and 24% of death due to coronary heart disease is report as the result of hypertension in India. (Raghupathy Anchala,,2014).

In India 9.4 million deaths were declared as due to cardiovascular disease and estimation of death around 2.3 million were considered as result of coronary heart disease and even stroke leads to death of 0.5 million people. Forecast were saying death due to cardiovascular disease will be rise upto 111% in India. 77% in China, 106% in Asian countries and 15% in developed countries by 2012. The foreseen condition can be prevented by involving the changes in those influencing factors. (R Gupta, 2004).

There are more chances of getting hypertension with age, 30-50 % of hypertensive patients belong to the age group of 40-59 years and some falls at the age group of 60-69 years and even more than 70 years. When hypertension is related to the age, there will be more impact over systolic blood pressure and will result to larger rate of hypertension. (Ranjana Singh, 2014).

Need of the study is the quality of care for non-communicable disease

by providing suitable education and delivery of facilities along with the restructuring the basic needs to provide accommodations and rigorous attention toward prevention of disease and promotion of health has been approved by the National Department of Health. WHO recommend ate that, they suggest a change the care toward chronic patient , more focussing and patient highlights the value of allowing patients to be energetic and actively involving in self-care with increasing awareness, inspiration with skills for changing their lifestyle and bring essential components for context of their life. (Murphy, K.,201) With the help of these kind of studies can understand the illness behavior of an individual patient.

### MATERIALS AND METHODS:

A qualitative research approach used for the study. A phenomenological research design was adopted for the study to explore the experiences of hypertensive patients attending services of District Hospital.

**Setting:** The setting of the study is District hospital at Moradabad, U.P.

**Sample and Sampling Technique:** Hypertensive patients attending services of District Hospital Moradabad and sample size was 12 and non-probability purposive sampling technique was used.

### Inclusion criteria:

- Those who are agree to involve in the study, who can read, write and speak Hindi, above 18 years.

### Exclusion criteria:

- Patients who are not attending the services of District Hospital.

### INSTRUMENTS:

Information such as age in years , gender, religion, educational status, occupational status , dietary pattern, duration of hypertension and interview session had total six questionnaire prepared by the researcher on the basis of objective of the study. Six experts validate the tools and give their suggestions. Questions were translated into Hindi and back to English. The pilot study was done on five samples at District Hospital on experiences of hypertensive patients attending services of District Hospital. Semi- structured interview was conducted for 15-20 minutes and recorded for each sample.

### Ethical Consideration

Ethical approval for conduct this study was taken from the University Human Ethics Committee and the hospital's research ethics committee. A written consent was obtained from participants of the study. Privacy and the confidentiality of the participants will be maintained throughout the study.

#### Data Collection

Data were collected on the month of March 2017. Participants who are willing to participate after the exclusion criteria. Twelve samples were selected semi structured interview was done. During the time of patients attending to the hospital the data was collected. The each interview time taken 15-20 min.

#### DATA ANALYSIS

Thematic analysis used for data analysis.

#### Analysis of the study

The audio recorded interviews were listened carefully. Hindi conversation words are converted into English text. These transcripts were read several times and thematic process was carried for analysis of data.

#### Themes emerged:

1. Views on hypertension.
2. Relatedness with health care providers.
3. Reflection of their lifestyle.
4. Awareness in hypertension management.

#### Theme: Views on hypertension

This theme deals with the exploring ideas and views of the hypertension. It includes the understanding and opinions of the hypertension.

#### Verbatim:

- "...It is a dangerous disease... when it is too high or too low it would create the problem. Increase intake of salt in diet and oily food can lead to high blood pressure...." (S3), (S7), (S10)
- "...when the blood pressure is too high then it can lead to brain hemorrhage, migraine, heart attack, unconscious and liver problem. Deep thinking, increase intake of salt in diet and those who are working in sunlight would increase the blood pressure...." (S4), (S5), (S6), (S9)

#### Theme: Relatedness with health care professionals

This theme mainly deals to the extent that how the patients felt understood, concern for and esteemed by their health care personnel's. Patient's shared their experiences that health care personnel's neglect to maintain a therapeutic relationship with them. Health care personnel's didn't have to spend, communication skills with the patients to illustrate the cause and nature of the disease to advise them on self-management.

#### Verbatim:

- "...Doctor advised to take less tea, salt, masala, oily foods and to do yoga. Other than that Doctor didn't said anything... Normally doctor can't able to give much time to explain everything to me..." (S4), (S9), (S10)
- "...Doctors advised to take medicines regularly other than that he didn't said anything to me...." (S2), (S8)

#### Theme: Reflection of their lifestyle

Commonly, most of the patients think that diet and exercises management had affect on their high blood pressure readings. Many patients have monitored blood pressure measurement in their home itself and also in hospital routinely. These readings mainly helps to constitute as an evaluation, to measure the adequacy of their lifestyle modification. In response to high blood pressure readings, patients had reported changing their diet and raise their frequency of exercises.

#### VERBATIM:

- "... I feel that morning walks and exercises bring more improvement for controlling the B.P as compared to medicines. Whenever I missed morning walk then the B.P used to be high. So by going morning walk my B.P used to control..." (S1), (S3), (S6)
- "... I got some benefits by doing the lifestyle modification like less intake of salt and ghee.... Before I used to take tea for 6-7 times in a day, but when the doctor restricted not to take tea from that day I stop taking tea...." (S5), (S8), (S11)

#### Theme: Awareness in managing high blood pressure

Patients were having knowledge for their treatment of hypertension. While discussing their medications patients were freely expressed medication names and doses. Patients were able to know the effect of pharmacological treatment by using home blood pressure measurement which results to comment on the efficacy of different hypertension medications.

#### Verbatim:

- "...Doctor advised to take Tab Amlokind AT continuously for 1 week once a day. After taking the medicine for 1 week then my problem has been reduced..." (S2)
- "... I forgot the name of the medicine for B.P but I used to take medicines regularly at morning after breakfast...." (S3), (S5)

#### DISCUSSION

In this study hypertensive patients shared their experience of hypertension and also stated not having expected adequate information, counseling or social support from their health care personnel's set them at a substantial disadvantage in rising the activation necessity to manage their condition. Sharing their experiences can be considered both a positive and negative responses. Considering the first theme of "views on hypertension", most of the patients share their ideas and views of the hypertension. It includes the understanding and opinions of the hypertension. Most of the patients shared their experiences that was a dangerous disease and when it is too high or too low it would create the problem. Increase intake of salt in diet and oily food can lead to high blood pressure. For instance, Rickerby. J et al., Patients in this study have described a wide range of ideas and beliefs about their BP and its treatment.

The second theme of the current study was "understanding with health care providers" Patient's shared their experiences point out to a number of issues which suggested that providers had failed to establish a sense of relatedness with them. These included: providers not having the time, communication skills or inclination to explain the cause and nature of the illness to patients or to counsel them on self-management; a lack of emotional support and reassurance for patients, particularly at the time of diagnosis, and accounts of providers alienating patients by being impatient and rude. Some of the patients said that Doctors advised to take medicines regularly other than that they didn't said anything to them. Normally doctor can't able to give much time to explain everything to the patients.

According to Murphy. K et al., most of the patients in this study described that they did not receive adequate information, counseling or social support from their healthcare personnel's put them at a significant disadvantage in evolving the activation needed to manage their condition. An awareness of this deficit, accounted for the nervousness and frustration that most of the patients conveyed about the state of health and quality of care. This level of support from healthcare personnel's may be even more important for patients of low socio-economic status who, as with our sample, frequently lack the health literacy, material resources and self-efficacy to handle with the complex problem of self-care.

The third theme of the current study was "reflection of their lifestyle" most of the patients thought that their diet and exercises management have a pronounced effect on their high blood pressure readings. Many of the patients have monitored blood pressure measurement in their home itself and also in hospital routinely which helps to make as a form of feedback, to gauge the adequacy of their lifestyle changes.

Most of the patients said that morning walks and exercises bring more improvement for controlling the B.P as compared to medicines. Whenever I missed morning walk then the B.P used to be high. So by going morning walk my B.P used to control.

According to the Abdullah. A et al., the readings from home blood pressure displays change this largely asymptomatic disease into a condition that is assessable and diagnosable at patient's on homes. The home blood pressure readings became the patient's hint for action to take the needed actions. Moreover, in this study the patients reported first hand observations of the result of unhealthy routine activities such as sedentary lifestyle and high intake of salted diet and on their blood pressure readings. The reading of HBPM reinforces healthcare personnel's advices and need for lifestyle modification and the need for compliance.

The fourth theme of the study was “awareness in hypertension management” most of the patients had understanding about their treatment of hypertension. Various number of patients easily used names and dosages of medication when discussing their medications. With the help of home blood pressure measurement, they were capable to see the consequence of pharmacological treatment, and as a result the patients mention about efficiency of various drugs of hypertension.

Some of the patients had said that Doctor advised to take Tab Amlkind AT continuously for 1 week once a day. After taking the medicine for 1 week then their problem has been reduced.

According to Abdullah. A et al., interviewed participants informed that a better compliance to pharmacological and non- pharmacological treatment of hypertension when they found increased in readings of blood pressure on their home blood pressure monitors. A new study on the use of home blood pressure measurement patients who practice HBPM routinely were having better compliance with exercises, diet and medications.

## CONCLUSION AND RECOMMENDATIONS

Most of the patients shared their views and opinions about the hypertension and improved their understanding of the hypertension. Patients have share their experience that how to control the high blood pressure where hypertension can be reduced by lifestyle modification which includes dietary changes, increased physical activity, smoking cessation and cutting down the alcohol. In view of the discovery and restriction of the present study. Following references were made based on the findings. The study can be repetition in similar and different setting with different population. A quantitative study can be conducted with large sample.

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