



## A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND PRACTICES REGARDING THE NON PHARMACOLOGICAL MANAGEMENT OF HYPERTENSION AMONG HYPERTENSIVE PATIENTS IN CIVIL HOSPITAL, HOSHIARPUR, PUNJAB.

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**ABSTRACT** A descriptive study to assess the knowledge and practices regarding the non pharmacological management of hypertension among hypertensive patients in Civil Hospital, Hoshiarpur, Punjab. Objectives: To assess the knowledge regarding non pharmacological management of hypertension among hypertensive patients. To assess the practices regarding the non pharmacological management. To co-relate knowledge and practices score. To find out association of knowledge score with the selected demographic variables. To find out association of practices score with the selected demographic variables. To develop guidelines regarding the non pharmacological management of hypertension. A non-experimental research design was used. Sample size was 60 hypertensive patients. Data was collected by using self-structured questionnaire to assess the knowledge scores and rating scale to assess the practices regarding non pharmacological management of hypertension among the hypertensive patients. Study results revealed that majority of the patients have excellent to good knowledge regarding non pharmacological management of hypertension. Majority of the patients have average practices regarding non pharmacological management of hypertension. There was very weakly positive correlation between knowledge and practices. There was statistically significant association of Knowledge score with socio demographic variables ie educational levels rest all variables were non-significant. There was non-significant association of practice score with all socio demographic variables

**KEYWORDS :** Knowledge, Practices, Non Pharmacological Management, Hypertensive Patients

### BACKGROUND OF STUDY

According to World Health Report 2002, cardiovascular diseases (CVD) will be the largest cause of death and disability by 2020 in India. In 2020 AD, 2.6 million Indians are predicted to die due to coronary heart disease. The contributing factors for the growing burden of CVD are increasing prevalence of cardiovascular risk factors especially hypertension, dyslipidemia, diabetes, overweight or obesity, physical inactivity and tobacco use. It is an area where major health gains can be made through the implementation of primary care interventions and basic public health measures targeting diet, lifestyles and the environment (Ahlawat et al., 2002).<sup>1</sup>

Hypertension is a common, inevitable, non communicable, yet preventable disease with serious complication (Alnasir et al., 2008).<sup>2</sup> It is a silent killer. Indians are racially predisposed to cardiovascular disease and the increasing burden of hypertension has only added to the problem. Economic constraints and the allure of additional benefits without adverse effects have made lifestyle modifications an attractive proposition in developing and developed countries. (Bhatt et al., 2007).<sup>3</sup>

### Need of the study

The burden of non-communicable diseases is rising globally. The results of a study extracted from the third national Surveillance of Risk Factors of Non-Communicable Diseases, conducted in 2007 depicted that the prevalence of diabetes, hypertension, obesity, and central obesity was 8.7%, 26.6%, 22.3%, and 53.6%, respectively (Esteghamati et al., 2009).<sup>4</sup>

Hypertension results in substantial morbidity and mortality globally and due its asymptomatic nature it is termed as silent killer. According to the investigator, during the clinical posting it was found that, maximum of the patients suffered from hypertension and most of them, had poor compliance to pharmacological treatment due to the high cost of the drug therapy. Considering the economical constraints, there is a grave need for inculcating lifestyle modification among hypertensive patients. Non-pharmacological management has the potential to reverse mild to moderate hypertension, to enhance effects of antihypertensive drugs, and to diminish fatal and non-fatal heart attack and stroke rates. Effective measures for lowering blood pressure are, weight control, alcohol moderation, salt restriction, stress reduction and exercise. Smoking cessation and diet low in saturated fats and rich in fish, fruit and vegetables are also likely to substantially reduce atherosclerotic and thrombotic disease. Therefore, by providing the patients with adequate knowledge and motivating them to practice these measures blood pressure could be kept within normal limits so the researcher felt that there is a need to improve or provide knowledge regarding this important but overlooked area and undertook this research study.

### Objectives:

1. To assess the knowledge regarding non pharmacological management of hypertension among hypertensive patients.
2. To assess the practices regarding the non pharmacological management of hypertension among hypertensive patients.
3. To co-relate knowledge and practices regarding non pharmacological management of hypertension among hypertensive patients.
4. To find out relationship between level of knowledge regarding the non pharmacological management of hypertension with the selected demographic variables such as age, gender, education , occupation, residential area, duration of disease, other morbid conditions, source of information
5. To find out relationship between the practices regarding the non pharmacological management of hypertension with the selected demographic variables such as age, gender, education , occupation, residential area, duration of disease, other morbid conditions, source of information.
6. To develop guidelines regarding the non pharmacological management of hypertension.

### Assumptions

- Hypertensive patients will have little knowledge regarding non pharmacological management of hypertension.
- Hypertensive patients will have poor practices regarding non pharmacological management of hypertension.
- Knowledge and practices may be influenced by age, gender, education, occupation, and residential area, duration of disease, other morbid conditions or mass media exposure.

### Delimitation:

#### The study is delimited to :-

- Hypertensive patients in the inpatient department and outpatient department of Civil Hospital Hoshiarpur, Punjab.
- Hypertensive patients of 20 years of age and above

### MATERIAL AND METHODS

Quantitative research approach was considered to be appropriate for the present study. A Non-experimental, Descriptive design was used to assess the knowledge and practice. The target population was hypertensive patients admitted to or visiting the OPD of Civil Hospital, Hoshiarpur, Punjab. Purposive sampling technique was used to select a sample of 60 hypertensive patients. Self Structured knowledge questionnaire and rating scale was used to assess the level of knowledge and practice regarding non pharmacological management of hypertension. Content validity of the tool was confirmed by expert opinion regarding the relevance of items. The score of reliability was 0.78, hence the tool was reliable. An analysis of data was done on the basis of objectives of the study. Data was analyzed by using descriptive and inferential statistics.

**Description of tool**

The tool was consists of the following three sections:

**Section A:** It consisted of 8 demographic variables that are age, gender, education, occupation, residential area, duration of disease, co morbid conditions, source of information

**Section B:** It consisted of a self instructional questionnaire to assess the knowledge regarding non-pharmacological management among the hypertensive patients.

**Section C:** It consisted of a rating scale to assess the practices regarding non pharmacological management of hypertension among the hypertensive patients.

**RESULTS**

**SECTION 1**

**SAMPLE CHARACTERISTICS**

the frequency and percentage distribution of the demographic and clinical characteristics of patients with hypertension.

**Age:** Majority of the subjects ie 23.40% were in age group of 31-40 years and 51-60 years, 21.7% were in age group 41-50 years, 18.30% were in age group more than 60 years and remaining 13.3% were in age group 20-30 years,

**Gender:** 55% were male and 45% were female.

**Residential area:** 53.30% were residing in urban area and 46.7% were residing in rural area.

**Educational status:** 31.7% of them had completed their higher secondary, 21.70% were educated upto matric, 21.7% were educated up till middle, 15.0% patients were primary, and 10% were graduate and above.

**Occupation:** Majority ie 46.70% of them was non working, where as 25.0% were in service, 15% were laborers and 13.30% were businessman.

Duration of illness, 43.34% were hypertensive from the last 1-5 years , 33.3% were hypertensive from last 1 years whereas 23.3% were hypertensive from the last 5 and more years.

**Other co morbid condition:** 50% had no history of any other co morbid condition where as 33.30% had history of CAD and 8.30% had a history of CVA 5% of subjects had a history of DM and 3.3% had a history of renal disorders.

**Source of information:** 48.3% of patients acquired knowledge regarding non pharmacological management of hypertension through TV, 25% of patients acquired knowledge through health personnels, 16.7% through magazines, 5% through internet and 5% through news paper.

**Table 1: Frequency and percentage distribution according to knowledge score.**

N=60

| Level of knowledge | Criterion measure | n  | %    |
|--------------------|-------------------|----|------|
| Excellent          | ≥ 76              | 15 | 25   |
| Good               | 61-75             | 24 | 40   |
| Average            | 51-60             | 2  | 3.3  |
| Below average      | ≤ 50              | 19 | 31.7 |

Maximum Score= 30

Minimum Score=00

**Table 2: Frequency and percentage distribution according to practice score.**

N=60

| Level of practice | Criterion measure | n  | %   |
|-------------------|-------------------|----|-----|
| Good              | 76-96             | 5  | 6.6 |
| Average           | 51-75             | 51 | 85  |
| Poor              | 32-50             | 4  | 8.4 |

Maximum score-96

Minimum score-32

**Findings related to correlation of knowledge and practices**

Result revealed that the correlation of knowledge and practices score was .141, which depicts that there was very weakly positive correlation.

**Findings related to association of knowledge and practice score with demographic variables.**

1. The present study showed a statistically significant association between the educational status and knowledge score. Whereas other demographic variables such as age, gender, occupation, residential area, duration of disease, other morbid conditions, source of information had non-significant association.
2. The findings revealed that there was non-significant association between the demographic variables and practices score.

**DISCUSSION**

The result of the present study was consistent with the result of the study done by Saradeth et al. 1994 which revealed a high level of knowledge regarding non-pharmacological measures to manage hypertension(Saradeth et al.,1994).

The findings of the present study were inconsistent with a study done by Godfrey et al., 2010, which revealed that patients' knowledge regarding non pharmacological management of hypertension in Auchi is low (32%). (Godfrey et al., 2010).

The results of the present study were consistent with study which showed that majority of subjects were compliant with the therapeutic regimen (antihypertensive medication 95.5%), and they used diets regularly. Exceptional for the areas of weight reduction (15.6%) and exercise program (48.7%) a majority showed compliant behavior (Bernhard.,2005).

**CONCLUSION**

The study revealed that the majority of the hypertensive patients had good knowledge and average practices regarding non pharmacological management of hypertension. Thus, hypertensive patients should be given certain guidelines to manage hypertensive and should be counseled regularly at each visit while receiving treatment.

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