

The experiences of the newly diagnosed hypertensive patients admitted into tertiary hospital campus in Limpopo Province, South Africa

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Abstract

The purpose of this study was to determine the experiences of the newly diagnosed hypertensive patients admitted into tertiary hospital campus in the Limpopo Province, South Africa. A qualitative, phenomenological, explorative, descriptive research was conducted to explore and describe the experiences of those newly diagnosed hypertensive patients. Purposive sampling technique was used to include 12 participants who voluntarily took part in the unstructured interview sessions until data saturation was reached. Data were analyzed using the Tesch's open coding qualitative data analysis method (1990) as outlined in Creswell (2009) in two themes namely: Participants' experiences related to new hypertension diagnosis and lack of knowledge related to the disease. The study recommended a health education plan which could be followed every time when health professionals have an encounter with newly diagnosed hypertensive patients. Awareness campaigns regarding hypertension would educate family and community members about hypertension.

Keywords: Newly diagnosed, hypertension, experiences.

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Introduction

Hypertension is a major health problem, and a major cardiovascular (CV) risk factor which might result in atherosclerosis leading to fatal or non fatal effects. Many people have hypertension without knowing it and approximately one in three adults have high blood pressure, but because there are no symptoms, nearly one-third of these adults do not know they have it (Carugo et al., 2010). In the United States estimated 50 million people age sixty (60) years and older have hypertension. Hypertension is more common in men than women and in people over the age of 65 years than in younger people. More than half of all Americans over the age of 65 years have hypertension (Carugo et al., 2010).

In Iran, the hypertension prevalence rate is about 27% in people aged 45 to 49 years old and 42% in those over the age of 70 years, respectively. That translates

to about 1 out of every 4 adults being afflicted with hypertension (Sabouhi, Babaee, Naji & Zadeh, 2011). Hypertension is prevalent in developing as well as in developed countries. Prolonged uncontrolled or inadequate treatment of hypertension is a major risk factor for the occurrence of heart attack, stroke, kidney failure and other cardiovascular diseases. With the steadily aging population across the globe and fast-paced lifestyles leading to unhealthy diets and lack of exercise, the increasing trend for hypertension is expected to continue (Sabouhi et al., 2011).

The only way to find out if one has hypertension is to have the blood pressure checked periodically, and find out how the risks for a heart attack and stroke could be reduced (McNamara, 2003). McNamara (2003) further suggests that proper monitoring of the blood pressure by a healthcare provider and simple lifestyle changes may be of help to reduce the blood pressure. Adams and Carter (2011) indicated that patients who are newly diagnosed with hypertension are experiencing difficulty in controlling life style which include dietary habits which is not under their control but depends on the stimulus, whilst some crave for certain food or when they see them they want to eat them. It was further indicated that the newly diagnosed patients experience a lot of hypertensive disorders too much which are triggered by daily life challenges.

Weaver, Murtagh and Thomson's (2006) study indicated that patients who were newly diagnosed with hypertension initially denied the condition but later accepts its reality. These patients will further not perceive themselves to be at risk of developing a stroke.

Some newly diagnosed patients with hypertension seem to be undergoing psychological and emotional stress coupled with anxiety because of the fact that hypertension is a chronic disease which does not heal but get controlled by taking prescribed treatment and lifestyle changes. Hypertension was said to be a "silent killer" because people who have it are often symptom free. Once identified, elevated blood pressure should be monitored at regular intervals because hypertension is a lifelong condition (Sabouhi et al., 2011; Adams & Carter, 2011). The purpose of this study was to determine the experiences of the newly diagnosed hypertensive patients admitted into a tertiary hospital in the Limpopo Province, South Africa.

Methodology

Design

A qualitative, phenomenological, explorative and descriptive research method was used to explore and describe the experiences of newly diagnosed hypertensive patients admitted into a tertiary hospital in the Limpopo Province, South Africa. The research design promoted understanding of human

experiences from the point of the research participants and in the context in which they were at the time of the interview sessions (Brink, 2006).

Population and sampling

The population in this study comprised all patients who were newly diagnosed with hypertension and were admitted at the Mankweng tertiary hospital. A purposive sampling technique was used in which the researchers used their judgment when selecting participants who took part in the interview sessions (Burns & Grove, 2009). The participants were selected based on their record of hypertension diagnosis. A total of twelve participants formed part of the unstructured interview sessions until data saturation was reached.

Data collection method

Data were collected by means of unstructured interviews in which the researchers ensured that interviews were conducted in a quiet environment. The participants were given an opportunity to describe their experiences as newly diagnosed hypertensive patients. One central question which was asked each participant was “describe your experiences of being a newly diagnosed hypertensive patient”. Probing questions were asked after the response by the participant to the central question until data saturation was reached (Creswell, 2009).

Data analysis

Tesch’s open coding method of qualitative data analysis (Creswell, 2009) was used which involved categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms until themes and sub-themes emerged (Brink, 2006). A list of all similar topics which lead to grouping of data according to main themes and sub-themes was compiled which is reflected in Table 1.

Trustworthiness

The following measures to ensure trustworthiness were ensured throughout the study (Babbie & Mouton, 2009; Botma et al., 2010):

Credibility was ensured by prolonged engagement in the data collection field where the researchers collected data for a period of one month until data saturation was reached (Babbie & Mouton, 2009; Botma et al., 2010). Confirmability was ensured by triangulation of the data collection method whereby the researchers used a voice recorder to capture all the interview proceedings and field notes were written to note the non-verbal cues displayed by the participants (Babbie & Mouton, 2009; Botma et al., 2010). Transferability was ensured by thick description of the research method that was followed

throughout the research project and by ensuring that data collected reached saturation (Babbie & Mouton, 2009; Botma et al., 2010).

Ethical considerations

Medunsa Research and Ethics Committee gave ethical clearance and Medical Research Council (MRC) ethical principles were adhered to by maintaining the principles of beneficence, justice, human respect and dignity, permission to conduct study. The participants signed written informed consent forms before they could be involved in the interview sessions. Confidentiality, privacy and anonymity were also maintained. The aim and objectives of the study were explained to each of the participants in their own language and informed consent was obtained.

Results and Discussion

Shown in Table 1 are the themes and sub-themes which reflect the experiences of the newly diagnosed hypertensive patients who participated in the study.

Table 1: Themes and sub-themes reflecting the experiences of the newly diagnosed hypertensive patients

Main themes	Sub-themes
1. Participants' experiences related to new hypertension diagnosis	1.1 Experiences of various symptoms related to hypertension 1.2 Fear of death 1.3 Feelings of rejection by family members 1.4 Lack of support from employers
2. Lack of knowledge related to hypertension diagnosis	2.1 Lack of knowledge versus having knowledge related to signs and symptoms of hypertension 2.2 Importance of adherence to treatment not known

Theme 1: Participants' experiences related to new hypertension diagnosis

The findings of this present study revealed that the newly diagnosed hypertensive patients experience hypertensive disorders which need to be the health care professionals. Weaver, Murtoogh and Thomson (2006) reported that newly diagnosed hypertensive patients initially denied the condition but later accepts its reality. Adams and Carter (2011) recommended that in order to assist the newly diagnosed hypertensive patients priority must be given to them at the clinics.

Sub-theme 1.1: Experiences of various symptoms related to hypertension

The following were indications reflecting various symptoms that the participants described as their experiences after being diagnosed as having hypertensive that is dizziness, tiredness, headaches, lethargy, lack of sleep at night and sweating. This was mentioned by the participant who said *"I am experiencing symptoms*

such as headache, blurry vision, dizziness, nausea and mild fatigue. And all these sometimes become worse and I have worsened headache and feel that I have palpitations”.

Another participant stated that: *“I sometimes experience painful legs, headache, I have difficulty in lifting heavy things because of painful shoulders, lethargy, dizziness, I’m always tired and breathing fast”* Additionally, another participant who is experiencing symptoms related to new hypertensive diagnosis indicated that *“You know life has changed because I happen to be healthy all the time but these days I always have persistent headaches, feeling dizzy and a lot of tiredness and this is really difficult for me”*. This finding concurs with those of Sabouhi, Babaei, Naji and Zadeh (2011) which indicated that the hypertensive patients experience headache, chest pain and dizziness.

Sub-theme 1.2: Fear of death

The following are reflections indicating that newly diagnosed hypertensive patients assume that they will die based on their experiences and observation of relatives thus died because of similar condition. This was confirmed by the following excerpts ---- *“my aunt had stroke and even my sister was suffering from high blood pressure and she died. Now I’m scared that I may also die because my sister died.”*

Another participant said *“I am really scared that I am just about to die and leave my children due to this high blood pressure because I know that most people who have high blood die they do not really leave longer”*. Additionally one participant said *“I am scared I will die because my father died because of this disease and it was terrible then I always remember how he has suffered and I think I will suffer the way he did.”*

One participant said *“It is heart breaking because they told me that the disease can lead to stroke but I think that they are just trying to scare me off, but sometimes I am scared that I will die due to this disease if they really tell the truth when they are saying I am suffering from it”*. van Dyk (2012) outlined that some patients who are in pains are afraid of dying, particularly dying alone, fear uncertainty of the future and what is in store for them.

Sub-theme 1.3: Feelings of rejection by family members

It was evident from the findings of the study that the participants are experiencing the feelings of rejection from family members related to different aspects including the type of food that they must eat and the method of cooking. This was evident when one participant indicated that *“mmmmm it is difficult because my husband do not support me I have indicated to him the type of food I must eat he says he will not be able to buy food which we cannot eat as family*

but one person, even when I explain that they will all eat the food, then he will say that he does not have money. Another participant indicated that ----- “Since I told him [husband] that I have been diagnosed with high blood pressure he does not appreciate me any longer, before he would tell me how beautiful I am and we had that emotional attraction but these days that does not happen”.

Another participant who has a feeling that family members are rejecting her indicated that *“When I ask them to cook my food differently for example that they must not poor salt and oil they say I have to cook myself imagine as a man can you really cook for yourself every day?”* In contrast to the findings of Inoue, Inoue and Matsumura (2010) that hypertensive patients when receiving a comprehensive care develop trust and maintain a good relationship with people who take care of them such as physicians and family members.

Sub-theme 1.4: Lack of support from employers

Another finding of the study indicated that patients lack support from the employers when they are supposed to collect treatment from the clinics and or hospitals as they are expected to collect during weekends and the hospital pharmacies open only for emergencies. One participant expressed the lack of support by saying *“You know I just came here without permission of my employer because last time when I asked her she said to me I must go and collect the treatment during the weekend after work meaning Saturday afternoon because I work up to 13h00 or on Sunday, can you realize that we are treated badly were we are working and if I miss my treatment then my blood pressure will go up”.*

Another participant with the same experience said *“My employer told me that I have to come to work and I must use my day offs to collect treatment and you find that my day offs are not the same as my scheduled days to collect treatment. And sometimes when you want to arrange the off days then sometimes they say it is not possible”.* Patients with higher education have better social support and better understanding of the disease progression which result in promotion of positive attitude towards life and treatment adherence (Martínez, Prado-Aguilar, Rascón-Pacheco & Martínez, 2008).

Theme 2: Lack of knowledge related to hypertension diagnosis

The participants' explanation of aspects related to hypertension confirms that some of them do not know what this condition is. This has emerged under the sub-themes that are discussed below under this theme.

Sub-theme 2.1: Lack of knowledge versus having knowledge related to signs and symptoms of hypertension

Four participants out of twelve who were included in the interview sessions did not know the specific sign and symptoms of hypertensive and lack of knowledge was indicated by the following statement *“I had dizziness for a long period of time accompanied by headaches and tiredness but I did not associate that with hypertension if I did I would have been here to be examined but I came here while the headache was now very bad”*. Another participant indicated lack of knowledge about the disease by saying *“they told me that I have high blood pressure but I did not agree with them because I never felt anything, not even a pain in my body. You know they have just given me treatment but I don’t think that it is really necessary for me to take it because I’m not ill and even if they take medication away from me I will be fine because I don’t need it.”*

Another participant indicated that *“I didn’t know that I was suffering from the disease but because I am suffering from a mental illness I usually go to consult and it is when they told me that I have the disease. They told me that I have high blood pressure but there is nothing that I feel in relation to high blood.”*

A participant who claims knowledge of the condition indicated that *“It’s been a long time since I have been suffering from this disease and I have been consulting the clinics. This hypertension disease is there in my family and it goes hand in hand with ulcers. When I wake up in the morning I feel dizzy, I sometimes feel tired and feel like sitting down. I eat well and do my work normally but during the night I feel hot because I’m suffering from ulcer.”* It was revealed in the study conducted by Sabouhi et al. (2011) that hypertensive patients had adequate knowledge and awareness about hypertension but they did not have a comprehensive understanding of what the condition is all about.

Sub-theme 2.2: Importance of adherence to treatment not known

The findings of the study demonstrated lack of knowledge about hypertension results in lack of adherence to the medication and this was confirmed by the following statement *“They gave me the treatment that is for hypertension but because I don’t feel that I am sick I don’t see any need to take these tablets I just drink them only when I feel I have a terrible headache.”*

Another participant said *“I just agreed because I used to suffer from headaches and dizziness. They gave me treatment but I don’t need it that’s why I don’t understand why I should take it daily while I do not have a problem”*.

Additionally another participant said *“I will be happy if they can stop giving him medication because I don’t see a need of me taking them because I don’t feel anything but they keep on saying that I have to drink them”*. Adams and Carter (2011) concur with this study finding because they found out that patients did not

always adhere to medications because of side effects that they do experience whilst others felt that if the blood pressure is controlled they must be taken off their medications. Weiss, Montgomery, Fahey and Peters (2004) further indicate that to improve patients' knowledge and facilitate adherence to treatment the newly diagnosed hypertensive patients should be involved in decisions about their health care.

Limitations

The findings from this present study were limited to patients who were admitted in the Mankweng tertiary hospital and therefore the results cannot be generalized to all public hospitals in the Limpopo Province.

Conclusion and recommendations

The newly diagnosed hypertensive patients indicating having various experiences which affect their lives including how they view the disease condition, side effects, signs and symptoms and lack of support from the people they are interacting with. Therefore, it is important that a health education plan be drawn to assist the patients to cope with their new diagnosis which might lead to adherence to treatment and change in life style. Life style change should form part of the education provided which is necessary for them to adapt to. Pamphlets on hypertension should be developed so that those who can read could learn more about the disease even outside the healthcare facility. Education must also be provided to the community members and family members would be helpful in relation to hypertension.

References

- Adams, O.P. & Carter, A.O. (2011). Knowledge, attitudes, practices, and barriers reported by patients receiving diabetes and hypertension primary health care in Barbados: a focus group study. *BioMed Central Family Medicine*, 12(135).
- Babbie, E. & Mouton, J. (2009). *The Practice of Social Research*. Cape Town: Oxford.
- Brink, H. (2006). *Fundamentals of Research Methodology for Health Care Professionals*. Cape Town : Juta
- Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. (2011). *Research in Health Sciences*. Cape Town: Heinemann.
- Burns, N. & Grove, S.K. (2008). *Understanding Nursing Research*. Philadelphia: WB Saunders.
- Carugo, S., Bolla, G.B., Famiani, R., Caimi, B., Rossetti, G., Brasca, F. & Magrini, F. (2010). Effects of valsartan treatment on indicators of cardiovascular damage in newly diagnosed hypertensive patients: A prospective, Twelve-Month, Open-Label, Pilot Study. *Current Therapeutic Research Journal*, 71(5), 309-321.
- Creswell, J.W. (2009). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. Thousand Oaks: Sage.

- Inoue, M., Inoue, I. & Matsumura, S. (2010). Hypertensive patients' perception of their physicians' knowledge about them: a cross-sectional study in Japan. *BioMed Central Family Practice*, 11(56).
- Martínez, Y.V., Prado-Aguilar C.A., Rascón-Pacheco, R.A. & Martínez, J.J. (2008). Quality of life associated with treatment adherence in patients with type 2 diabetes: a cross-sectional study. *BioMed Central Health Services Research*, 8(164).
- McNamara, D. (2003). Obesity behind rise in incidence of primary hypertension. *Family Practice News*, 45-51, (April).
- McNamara, D. (2003). Trial shows efficacy of lifestyle changes for BP: More intensive than typical office visit: *Family Practice News*, 1-2, (July).
- Sabouhi, F., Babae, S., Naji, H. & Zadeh, A.H. (2011). Knowledge, awareness, attitudes and practice about hypertension patients referring to public health care centers in Khor and Biabanak. *Iranian Journal of Nursing and Midwifery Research*, 16(1), 34-40.
- Van Dyk, A. (2012). *HIV and AIDS Education, Care and Counselling: A multidisciplinary Approach* (282-312). Cape Town, South Africa: Pearson
- Weaver, N.F., Murtagh, M.J. & Thomson, R.G. (2006). How newly diagnosed hypertensives understand 'risk'? narratives used in coping with the risk. Retrieved, 15 June 2012. [Http://fampra.oxfordjournals.org/content/23/](http://fampra.oxfordjournals.org/content/23/)
- Weiss, M.C., Montgomery, A.A., Fahey, T. & Peters, T.J. (2004). Decision analysis for newly diagnosed hypertension patients: A qualitative investigation. *Patient Education and Counselling*, 53, 197-203.