

TAKING CARE OF MYSELF: ROLE OF SELF-CARE IN MANAGEMENT OF HYPERTENSION AMONG THAI OLDER ADULTS WITH HYPERTENSION

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ABSTRACT: Hypertension is the most common chronic illness in adults 60 years and older in Thailand. One strategy to prevent frequent hospitalizations and promote positive health outcomes among patients with hypertension is to ensure that self-care behavior is appropriate to the patients' situations. The purpose of this qualitative study was to explore self-care behavior of hypertension among Thai older adults. Thirty Thai older adults with hypertension were recruited with purposive sampling from primary health care centre in Thailand. In-depth interviews were conducted to discover self-care behaviors that supported in managing their hypertension. Demographic data were collected, focused on the participants' personal, social and medical history related to hypertension. The results revealed that self-care behavior among Thai older adults with hypertension included eating behavior, compliance and alternative medicine, physical activities, and spiritual and feel-good activities. Knowledge about hypertension self-care behavior can help nurses and other health care professionals tailor interventions to the patients' situations.

Keywords: Self-care behavior, hypertension, Thai older adults

1. INTRODUCTION

The people of Thailand are ageing rapidly; the proportion of people over 60 will increase dramatically over the next 50 years, from 15% in 2010 to 35% in 2060 [1] due to increasing life expectancy and a decreasing mortality rate. However, older people may face deteriorating health, which makes them vulnerable to many diseases, especially hypertension. Hypertension is an important preventable cause of morbidity and mortality globally. The data revealed that older people who are aged 65 years had a 90% lifetime risk of developing hypertension when they survived to age 80 to 85 years [2]. Furthermore, older adults with hypertension have more chances to suffer from complication than younger adults [3]. In Thailand, the report showed high rates (31.5%) of hypertension in adults aged 60 and older. There was a significantly higher prevalence in Thai men than in Thai women, 36.7% and 29%, respectively [4]. The problems of hypertension management in Thailand were related to lack of awareness, treatment, and control of hypertension [5]. Although progress has been made in prevention, detection, control, and treatment of hypertension, there is a difficulty of hypertension management.

The success strategies for hypertension management depend upon clients' self-care behavior. Self-care refers to the practice of activities that individuals initiate and perform on their own behalf in the interest of maintaining life, health, continuing personal development, and well-being [6]. Self-care behavior, including lifestyle modification and coinciding with physician's prescription, was poor among Thai older people with hypertension [7]. Poor control of hypertension can impact older adults' health and their quality of life, increase the risk of fatal complications, and promote dependence on family and society [8, 9].

In Thailand, numerous studies have explored various variables among hypertensive older adults such as quality of life, social support, self-monitoring and risk behavior [10, 11, 12, 13]. Although it is known that self-care can help reduce frequent hospital readmissions and exacerbations among patients with hypertension, little is known about self-care in

Thai older adults with hypertension from their perspective. To improve self-care behaviors in hypertensive population, it is important to understand self-care behavior from patients' perspective that can provide deeper understanding. Therefore, this study aimed to explore self-care among Thai older adults with hypertension.

2. METHOD

Design: This study employed a descriptive qualitative study utilizing conventional content analysis approach.

Sample: Purposive sampling was used to recruit older people with hypertension at a primary health care in Western Thailand. A total of 30 Thai older adults were interviewed. Inclusion criteria for participation were: (1) 60 years of age or older; (2) diagnosed with hypertension, and (3) Thai speaking.

Ethical Consideration: The study was approved by the ethics committee for research in Thailand. A written consent was obtained in person from older adults who participated in this study. Informal one-on-one interview was used with a semi-structured open-ended questions to obtain information such as "how are you taking care of yourself? Then, subsequently, more probing questions were used, for example, "Could you tell me why you choose alternative medicine?" The interviews lasted between 45 and 60 minutes with audio-recording.

Data analysis: All interviews were transcribed verbatim. The research analyzed data using conventional content analysis. The pre-identified categories were used to label self-care behavior. The analysis process included selecting analysis units, making sense of data as a whole, open coding, coding sheets, grouping, categorization, and abstraction.

Rigor: Trustworthiness was established in this study by the criteria: credibility, dependability, confirmability, and transferability [14]. The prolonged engagement was performed by the first author. The second author conducted peer-debriefing to gain consensus on analysis accuracy. Results of this study were verified by 15 key informants. In this manner, member checking was performed. The research

process was audited by the second author and all relevant documents were kept, for example, demographic forms, informed consent forms, field notes, audio-digital records, verbatim transcripts, and coding sheets. Selection of diverse informants and provision of adequate quotations of informants' statements were used to avoid researchers' bias in data analysis. Thick description about informants and context provided the readers with an opportunity to transfer the findings into similar contexts.

3. RESULTS AND DISCUSSION

Participants (twenty female and ten male) aged 60-79 years, living in their homes. The mean age was 67.13 years. The duration of hypertension was between 6-12 years. Most participants (70%) were married. Most of them (88.33%) graduated from primary school and 10% were illiterate.

The self-care practice that the hypertensive older people perform to maintain their health based on their knowledge. They try to seek health care or prevent the severity of the illness and the complications when suffering from hypertension. The self-care action depended on their understanding and decision about the severity of those symptoms. Then, the participants use their knowledge and belief to manage self-care practice because they want to be healthy. If the symptoms are regarded as mild, then self-care is most commonly practised, using home remedies and drugs bought from a drugstore, often by a family member. The data shows that the participants tend to take care of themselves by lifestyle modifications before seeking help from outside treatments.

All of them changed their behaviors from the past, whether the symptoms are stable or unstable. One of them explained that:

"I get a headache first. It is not very painful. Then, I stop doing work and get some rest because I think that I have worked too much and I am old. However, the headache becomes more intense. I have a headache for one week without any improvement. Therefore, my son takes me to the doctor for fear of something serious. After that, I eat low salt diet and among low-fat diet I like vegetables and fish" (Female). The excerpt illustrates the fear of the severity of the illness that leads to self-care. Some of them try to modify their lifestyle because they believe that it is important to lower their blood pressure and weight. The older people changed their lifestyle, including exercising at least 30 minutes a day, maintaining a normal weight, reducing salt intake, and consuming a diet rich in fruits, vegetables and low-fat dairy products, while reducing total and saturated fat intake. Self-care behavior of Thai older adults with hypertension was characterized as following:

Eating behavior: As presented in the interview, the perception of participants in nurturing their hypertension is that it comes from healthy diet. They stated that they try to change their eating behavior. Once they know that they have hypertension the first time, it is always hard to change behavior because of past habits. The participants say it is more different from the past; they tend to eat salty and sweet food. Later, they can modify their eating behavior because they know that it is useful to prevent the complications of the

disease. Most respondents stated that the diet of hypertensive older people should include foods low in salt and fat, such as fish, vegetable and fruits which are believed to reduce cholesterol levels and promote weight loss. Moreover, certain foods were expressly avoided, such as pork and beef, which are believed to cause high blood pressure. However, less of them stressed that they cannot control their behavior because they believe that if they control everything, the body will get worse. As regards to sources of food, most of them cook themselves so they reduce the use of sodium-containing ingredients, along with the change in their eating behavior. Some of them use garlic for cooking because it can bring down blood pressure. Moreover, some participants mentioned that they have skipped their meals because they want to reduce weight. If their weight is stable, they usually eat 2-3 meals/day. They always eat 2 meals and reduce the quantity of rice in each meal if they perceived that their weight is increasing. One of them explained that:

"I eat less now. I reduce salty foods too. I reduce all of them. In the past, I like salty food and high-fat diet. I ate every day. But, when I got this disease I try to change my behavior because I know that if I do in the past it will get the worse. So, I do not have dinner sometimes. I eat fruits instead. I cannot eat less than this because I am afraid of fainting" (Female). For self-care practice involving food intake, older people put an effort to avoid any risk behavior that leads to the aggravation of their symptoms. This may reflect on their self-control of food intake by means of their assessment and decisions regarding the ways to reduce such risk behavior. They can manage their eating behavior after assessing their body weight. They explained that if their weight increases, they will reduce their food intake each day. In contrary, if their weight is stable, they will maintain their practice. In addition, they will try to avoid foods which lead to high blood pressure, even though the blood pressure is stable or unbalanced.

Compliance and alternative medicine: In addition to eating behavior, most of the participants assert that medication is crucial for people with this disease. Some of them mentioned that they receive anti-hypertensive drugs through the prescription of hospitals and health centres. They do not buy those drugs themselves for fear of side effects. Most of them state that they take medicines regularly; some forget to do so sometimes. Travel to other places may also be an obstacle for them in taking their medicines. To solve this problem, their family plays an important role in helping to manage the maintenance of their medicine. Their children should provide and remind them about their medicine intake because they know about the benefits of the medication for their parents. So, all participants took the medicine continuously. One of them argued that:

"I take medicines regularly in the morning and evening. I feel better and my blood pressure is stable. I take them before meals so that I will not forget. I visit the Health Centre once but it was out of stock. I cannot stop because medications are vital for this disease" (Male).

As stated above, the participant believes that modern medicines can reduce the severity of symptoms and increase the security of life. However, less of them explained that

when the symptoms are stable, they might stop using these medications because their condition has stabilized. In addition, they said that Thai herbs can reduce blood pressure and weight. Most of the participants received traditional healing through herbal intake that is common locally (e.g. drinking rosella and Asiatic Pennywort juices) to reduce blood pressure. They explained that the herbs are harmless because it is a non-toxic additive. To use Thai herbs, they get their knowledge from reading books, listening to the radio, and talking with neighbors. After consuming the herbs, they evaluate the outcome. If their blood pressure does not decrease, they decide to stop consuming. On the one hand, some of the participants said that they use herbs when their blood pressure does not decrease after taking modern medicines. On the other hand, some of them stressed that they use it along with modern medicines. However, no participant takes herbs for weight loss because of the fear of side effects. They think that if they use it that the side effect would be that they become obese once they stop consuming it.

Physical activities: The participants believe that relaxation, stopping work, or avoidance of any risk behaviors would not lead to the aggravation of symptoms. Most of them spoke about exercise, such as a pattern of exercise, exercise frequency and exercise duration. They mentioned that they usually exercise by cycling, walking, and jogging which are believed to reduce blood pressure and weight loss. Some of them exercise by following the televisions advertisement while some of them exercise with the neighbors in the community. Importantly, they said that if they exercise regularly it will reduce the risk of heart disease. The participants also explained that in order to gain maximum benefits from exercise it has to be aerobics, for at least 15-30 minutes duration, carried out on a regular basis, at least 3 days a week. However, some of them cannot do these activities because they are raising their grandchild. Some of them stated that they are unaware of exercise until the feeling of uncontrolled, severity of illness is coming. The experience of one participant showed that when stopping exercise, weight and blood pressure increased dramatically. One participant said about her attitude toward exercise that:

"I take a walk around my front yard. Actually, I do not walk every day. I do so 3 times a week and sometimes more. I walk 3 rounds for almost half an hour. I stop when I get tired. If I feel exhausted I will faint. If I fall down, it will become a big problem" (Female). According to the participants' explanation, they are concerned about the limitation on the exercise by assessing their own exercise tolerance. If they do not exercise properly it adversely affects the body. Besides, some participants believed that daily routines and work such as doing house works or going out to work is a form of exercise as well, so they think that it is unnecessary to exercise using other methods.

Spiritual and feel good activities: Different individuals have different methods of dealing with stress. The participants explained that they are stressed and concerned about the complications of hypertension, for example, high-fat levels in the blood, paralysis, and heart disease. In the past, stress is normal for them because they are often faced with the problem of their livelihood. In contrast, at present, they realized that the stress is hazardous to their disease. Most of

them mentioned that when they are stressed, they chose meditation as their first choice, generally together with other techniques such as praying, reading Dhamma books, using diversions, going to the temple, forgiving, and letting go. The interesting point is the participants said that if they are stressful or sorrowful, they will confide in trusted persons such as family members and their friends. Sometimes they want to do the avocations because of deviation from the stress and relax. They always do their hobbies which includes planting flowers and taking care of their dogs. Seen mentioned that:

"I am so stressed. I am afraid of paralysis that many people are suffering. It is an agony. But I try to forget it....if I'm stressed, my blood pressure will increase. So, I talk with my friends and my son. Sometimes, I go to my farm to plant but others go to the temple or meditate when they are stressed" (Male). The excerpt presented how different techniques are used by older people for stress management. If they know that they are stressed, the severity of the illness will increase. However, some of the participants say that they accept that hypertension is common for older people or, in other words, every older person may be suffering from these diseases. According to some of their explanations, they are not stressful because they will die by their destiny; they have accepted it. They believed that hypertension is common and they also accepted the fate they are facing: death.

Seeking health care support: In this study, seeking health care support means that participants seek ways to deal with their illness from social and professional health support services. When they have chronic diseases, all participants take care of themselves as their first choice, and then they seek help from their family. Friends and neighbors would fill in this time. If conditions became serious, they would go to see health care providers. However, after acquiring the knowledge, they always consult with other persons including their family, social network, and health care providers. The data showed that in the majority of cases the family members make decisions about treatment and also accompany the participants to seek health services. In addition, the social network is an important source for them to exchange information and seek health care. Then if the symptoms are unimproved they will meet with the professional health care provider, because of trustworthiness of the service providers. Nine said that:

"My son took me to the health centre at that time but I didn't get well. Then, he took me to the hospital because he does not want to see me "living with suffering. He told me that the physicians at this hospital can help me....and my symptoms are improved...." (Female).

As shown in the quotation, family support is the most important reason which influenced them in seeking health care for older people. All participants mentioned that they also consult their family members in order to jointly consider the selection of health care system on the basis of the severity of such illness. Moreover, family members also help them to assess treatment outcomes and to change the treatments. Apart from seeking consultations from their family members, they also take advice from neighbors or friends. Finally, they consult with health care providers to confirm their knowledge

and suggestions to perform the correct behaviors. Seeking health care support can be categorized into two sub-categories.

Look for social support:

The participants stated that living with hypertension as they live with insecurity. Then, all of them seek health care from other sources to confirm their knowledge. The participants asserted that they seek ways to manage their problems by consulting with family members. Families can also encourage participants to get the appropriate health care. The participants described more that they take advice from their spouse, daughters, sons, relatives, neighbors or social networks (e.g. friends who have hypertension). Most of them tend to consult their family members first and then the persons outside their family. If their family decides that they should or should not to do something, they will accede and follow their encouragement. On the other hand, when their friends recommend the health care service and Thai herbs, some of them do not believe instantaneously; they followed up with a talk with the family. Families and friends help older people to seek appropriate health care by decision making, and facilitate the use of health care services. Family members could facilitate the health-seeking behaviors by providing coping resources, getting medications, and advice on avoiding ineffective or even harmful self-treatment. Kat explained more that:

"I talk with my son about using herbs to reduce my blood pressure. He asked me who told you. I told him that my friend who had hypertension used this herbal and he suggested me to use. But my son told me that I should ask the nurse at the primary health care to make sure that it was safe for my health" (Female).

As shown in the quotation, the participant asked for information from other older people because they tend to have similar diseases. Persons consulted by the participants are most likely those at the same age too. In particular, most advice concerns their experiences related to treatments received by that person or their acquaintances, values, beliefs about the cures, and personal beliefs regarding health. For example, they may be recommended by one neighbor to visit a clinic because she received good services from this clinic before. However, some of them stressed that they will use the information if they think that it is useful and safe for their health. In contrary, some of them said that they will not do it even if it is safe because they fear to increase the severity of symptoms.

Looking for health professional support:

If the symptoms persist, then participants search for healthcare services from professional health care providers. When the severity of illness is perceived as high, several reasons enter into their decision making process. The decision about where to go is based on several reasons, including the treatment outcome, although it is not given first priority. In this regard, some of them go to visit a traditional healer. However, the participants said that due to higher costs, they stopped taking herbs because herbs became more expensive than in the past, while no improvement was observed. Furthermore, the bitter taste of herbs is also one reason why it is more difficult to take herbs than modern

drugs. After the participants evaluated that health care from the traditional healer as being unsuccessful and unsatisfied, they stopped as well. They always seek health care from modern medicine depending on the severity of the illness. On the other hand, professional health services are used before a traditional healer by some participants because of their belief in both systems. To visit the professional health service provider, the participants explained that they trust their knowledge and ability. They obey the recommendations of the health care provider and try to follow them by changing their lifestyle to fit into these living conditions. Some of them go to the hospital if the symptoms are very severe, while some of them go to the health centre. However, all of them stressed that they choose the health centre first because they think that their symptoms are less severe. Moreover, less of them go to the private clinics in case of unimproved symptoms. However, the health centre is where the majority of them are willing to seek health care service. To support this fact, the participants explained that health care providers give valuable suggestions, caring, holistic care, and use informal languages when talking to them. One of them explained that:

"My daughter takes me to the government hospital. After taking my medicine, my blood pressure still fluctuates.... and the weight too. Then, I went to the health centre because the nurse gave a good suggestion and..." understands the older people" (Female).

All of them asserted that maintaining health is the goal of their seeking health care, due to feeling insecure in life. Moreover, they are afraid that they will be a burden to their family. So, when accessing health care providers they need quality health care services for controlling hypertension.

In this study, most patients practised the recommended self-care practices. Perceived severity and consequences of hypertension can influence patients in taking care of themselves. Similar studies have also found dietary adherence as a commonly performed self-care behavior [7, 10, 15, 16, 17]. Although participants in the present study reported that they currently adhered to a low sodium, fat and cholesterol diet, they identified that it was difficult to change when the first instructed to follow new dietary restrictions. This response was similar to the other findings [10, 18, 19] who found that dietary adherence became easier as the patients became more familiar with the restrictions.

Most participants described adherence to their medication regimens, their dietary restrictions, stress management, and participation in some form of daily physical activity. Possible explanations for these self-care maintenance behaviors included that all participants described receiving dietary and medication counseling from their health care providers. Health care professionals play a key role in providing information on hypertension management; this may have influenced the self-care maintenance behavior of the participants [11, 20]. In addition, longer duration of hypertension may also have influenced better self-care behaviors. This could be explained that patients who have experienced hypertension longer have learned more about coping with hypertension [17, 21].

4. CONCLUSIONS

Hypertension is still a critical global health problem in many countries. It affects the health of people in Thailand, especially older adults. They need to learn to appropriately manage their blood pressure through lifestyle modifications and take arranged, controlled hypertension medications. This study provided an opportunity to investigate self-care behaviors among Thai older adults with hypertension. The findings not only provide health care providers with an increased understanding of Thai older adults who suffer from hypertension but also offers direction and guidance for developing future intervention and nursing care aimed at improving hypertension self-care among Thai older adults to enhance their quality of life.

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