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Short Communication

Factors influencing patients' hypertension self-management and sustainable self-care practices: a qualitative study



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ABSTRACT

Objective: The objective of this study was to explore factors influencing patients with hypertension to participating in a hypertension self-management education (HSME) programme and challenges of sustaining the learnt self-care practices.

Study design: This was a qualitative study with focus group discussions.

Methods: Focus group discussions using a semistructured moderator guide were conducted among participants who had attended the HSME programme. Data were audio recorded, transcribed verbatim and analysed using a thematic analysis approach.

Results: Three focus groups involving 19 participants were conducted. Four major themes emerged from the data collected. Most participants enjoyed the group-based HSME sessions because sharing experiences with those having similar health problems can reduce their sense of isolation. However, the participants highlighted the difficulty in sustaining self-care practices in the presence of friends and family influences.

Conclusion: A number of patient-, family- and community-level motivators and barriers to patients' hypertension self-management have been identified. Efforts to tailor behavioural interventions to sustain daily self-care activities during social and cultural events are imperative.

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The ever-increasing emphasis in patient-oriented care has shifted the focus of chronic disease management to alternative paradigm such as patient empowerment and collaborative care.¹ In Malaysia, patients with hypertension who received treatment from hospitals may receive a certain level of education at the point of diagnosis. However, patients' motivation and capability in disease self-management is not emphasised. The present study was part of a mixed-method study which evaluated the impact of a group-based, locally developed hypertension self-management education (HSME) programme on participants' health outcomes.² The programme, consisting of four educational modules (i.e., living with hypertension, healthy eating and hypertension, physical activity for hypertensive patients and know your medicines), was developed based on Bandura's³ self-efficacy theory and the Medical Research Council Framework on complex interventions.⁴ Each module was delivered on a weekly basis, facilitated by a multidisciplinary healthcare team to empower hypertensive individuals with knowledge and self-management skills to perform daily self-care activities including healthy diet, exercise, blood pressure (BP) monitoring and medication taking. Although the HSME programme was reported to have limited impact on BP control, participants sustained significant improvement in certain clinical and psychosocial outcomes, including high-density lipoprotein (HDL) cholesterol, self-care behaviour, self-care motivation and self-efficacy.² Accordingly, this study aimed to explore factors that influence patients with hypertension to participating in the HSME programme and challenges of sustaining the learnt self-care practices.

A moderator's guide was first developed in English and translated into Malay by one of the researchers (H.M.Y.) who was fluent in both languages. An independent language translator carried out the second version of Malay translation. The research team compared and verified all translated versions to ensure language accuracy. All sessions were moderated by two trained qualitative researchers (H.M.Y. and Y.Y.W.). All audiotaped focus group discussions were transcribed verbatim and analysed using a thematic analysis approach.⁵ Data were managed using NVivo, version 10. All transcripts were transcribed and coded independently by H.M.Y. and Y.Y.W. Two researchers (C.F.N. and S.H.L.) checked the coded transcripts independently for quality assurance purpose. Selected participants' quotes were independently back translated into English by H.M.Y. and Y.Y.W. All discrepancies were rectified upon discussion.

All participants who enrolled into the HSME programme were invited to participate in the focus group discussions between one and two months after completion of the HSME programme. Of the 45 participants, 19 consented to participate in the focus group discussions. Three focus group discussions, each lasting between 60 and 90 min, were carried out from April 2016 to March 2017. The majority of the participants were female (n = 13) and Malay (n = 18). Most were diagnosed with hypertension for more than 5 years (n = 8). The details of participants' demographic characteristics are presented in Table 1 and were similar to those participated in the HSME programme.² Four major themes were identified and presented as follows.

Table 1 – Participants' demographic characteristics.

Description	FGD 1	FGD 2	FGD 3
Number of participants, n	4	5	10
Age, years (mean ± SD)	59.75 ± 6.02	60.8 ± 5.31	61.5 ± 8.05
Gender, n (%)			
Male	2	4	0
Female	2	1	10
Ethnic, n (%)			
Malay	4	4	10
Chinese	0	1	0
Status, n (%)			
Married	3	4	5
Widowed or widower	1	1	5
Education, n (%)			
Primary school	0	0	3
Secondary school	3	3	6
College or university	1	2	1
No formal education	0	0	0
Occupation, n (%)			
Private	0	1	1
Government	1	0	0
Retired	3	4	2
Unemployed	0	0	7
Living style ^a , n (%)			
Alone	0	0	6
With family	4	4	4
Monthly household income (RM), n (%)			
<500	0	0	3
501–1000	0	0	2
2001–2500	1	1	3
2501–3000	2	1	1
3001–3500	1	1	1
4501–5000	0	1	0
>5000	0	1	0
Duration of hypertension ^b , n (%)			
1–2 years	1	2	2
3–5 years	0	2	1
>5 years	2	1	5

FGD, focus group discussion.

^a One missing data in FGD 2.

^b One missing data in FGD 1 and two missing data in FGD 3.

Theme 1: Motivators of attending the HSME programme

Participants felt motivated because the opportunity to learn and share experiences with peers having similar health problems reduced their sense of isolation.

Here I have friends with same problem and can share information, more fun. (P3 FGD3)

Individual is [appropriate] for [seeking] treatment. [Learning] In group [of people] with same disease, [we] can get information from others on different stages of the disease (P1, FGD1)

With supportive family members, some participants were able to attend the weekly programme.

My son sends me here every week. That is why I'm here (P8, FGD3)

Certain participants were aware of early precautionary measures towards their own health because of intimidating complications of the disease experienced by people surrounding them.

I have a friend with stroke; he could not do anything. That is because of the high blood pressure (P1, FGD1)

Most joined the programme to get the right information in managing their diseases so that they can share the knowledge they gained with their friends and family.

I joined because I want to get the knowledge (P4, FGD3)

I share with my friends who have this type of disease, the knowledge that I got in the book, I share with them (P3, FGD2)

Almost all participants felt that community hall in the vicinity of their neighbourhood is the best place to conduct the HSME programme. Some perceived that learning environment in a community hall is more conducive than learning in clinics or hospitals.

Clinic is difficult [because] a lot of crowd, here is ok, place with sick people, we are sick people, we go sit at place with sick people, we become more sick. At community place, we feel more relax, don't go to clinic [or] hospital (P2, FGD2)

It will be more stressful to see other people suffer [if we do at clinic] (P5, FGD2)

In clinic, the situation is conducive with all the infrastructure but we have to think among us who don't have transportation (P1, FGD 3)

Theme 2: Barriers to participating in the HSME programme

Participants believed that certain people may not be willing to join an educational programme if they were in a denial stage, which holds them back from getting useful information.

Many people denial and afraid of knowing their health (P1, FGD1)

Some might overtly be anxious with disease information that they received which shunt them from continuing the programme.

Some people got stress because of the disease and they avoid to get information even though they are sick (P5, FGD2)

Attending the HSME programme during weekend is challenging for certain participants because they need to juggle between family activities and the educational sessions.

Weekend Saturday, sometimes [we] have [other family] commitments or programmes (P2, FGD2)

Weekend could be problematic but people who feel it is important they will prioritise (P1, FGD1)

Theme 3: Challenges of sustaining self-management

Most expressed the burden in cutting down food portions during festive seasons or wedding events. They found it particularly distressing to have to completely give up their favourite food.

The main challenge is when it comes to wedding event. I need to control my portion and have to find ways to prevent overeating (P1, FGD1)

Ramadan I won't eat much. But if Hari Raya Aidilfitri the portion intake will become uncontrolled (P2, FGD2)

Participants who came from large families explained that they find it difficult to share the same diet with other family members, whilst some described that their diet choices were determined by the person preparing food at home.

Sharing the same diet in big family is challenging (P2, FGD1)

Challenge is to choose food when eating out but greater challenge at home as wife put extra oil for cooking (P1, FGD2)

Others expressed that instead of preparing healthy food, time constraint while managing family matters had pushed them to choose instant food.

Sometimes I do not have time to prepare food, so I choose instant food (P6, FGD3)

Theme 4: Ways to sustain self-management

Views on how to overcome challenges were contributed by some participants. Some expressed that they need to strive balancing their daily routine with controlling blood pressure.

We totally cannot eliminate diet and culture. But we have to find ways to control by eating in small quantity (P2, FGD2)

Some exerted that self-discipline and self-control are the key to maintain changes that they had made.

In any cases, self-control is very important (P3, FGD2)

I have to control intake if need to attend wedding ceremony (P1, FGD3)

The participants emphasised that the availability of resources such as blood tests served as a benchmark for them to improve their health status and as a gatekeeper for proper self-management.

I disagree with that, I think if we screen after Raya it will be much better as I will know whether I have successfully controlling my diet (P2, FGD2)

Conclusions

Our participants appreciated the opportunity to learn in a group which reduces the sense of isolation, and peers were considered as a source of not only social support but also knowledge sharing.⁶ The positive impact may be attributable to the theory-driven programme design underpinned by Bandura's³ self-efficacy theory, advocating that people learn from one another via observation, imitation and modelling (i.e., vicarious experience). Self-efficacy, a construct from social cognitive theory, refers to one's confidence to perform a given behaviour and has been known to be one of the key elements in leading to effective behaviour change in self-management programme involving patients with chronic diseases.⁷

Several challenges were highlighted by the participants who attended the HSME programme; these included the difficulty in sustaining the learnt self-care practices in the presence of friends and family influences.⁸ Lack of self-discipline was also reported by individuals enduring chronic diseases⁹ as a core barrier to perform self-management on a daily basis. The participants from our study stated that self-determination or self-discipline remains the key to successfully managing their hypertension. It is therefore essential for healthcare professionals to identify approaches in improving patient's self-determination and self-discipline, which can further increase the effectiveness of the HSME programme. To sustain the short-term benefits of the HSME, it is also important to have ongoing mechanism, and support as deliberate practice with continuous feedbacks from healthcare professionals over time is necessary for an individual to master disease self-management skills.¹⁰ There are limitations in this study. Only those who had persisted with the HSME programme and volunteered to join the focus groups were included. Hence, the views of those who did not continue the programme may have differed. The findings of this study may not be generalisable to all community dwellers in Malaysia because it was implemented in a single state only.

In conclusion, psychosocial benefits (i.e., increased patients' motivation and confidence in performing self-care activities in the context of daily lives) should not be undermined given the complexity of managing chronic diseases. A well-structured educational programme that takes into account cultural consideration should be in place at the community setting to support hypertensive patients in sustaining daily self-care activities.

Author statements

Ethical approval

Ethical approvals were obtained from UiTM Research Ethics Committees [600-RMI (5/1/6)] and the Joint Ethics

Committee of School of Pharmaceutical Sciences, University of Science, Malaysia-Lam Wah Ee Hospital [USM-HLWE/IEC/2015(0005)].

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Competing interests

All authors have no conflicts of interest to declare.

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