To Assess the Knowledge and Attitude of Hypertensive Patient Regarding Lifestyle Modification and Management

Ms. Sunita Devi[1], Dr. Priyanka Chaudhary[2], Ramanpreet Kaur[3]

[1]Pursuing M.sc (Nursing), [2]Associate Professor (MSN), [3]Assistant Professor (MSN),
[1,2,3]Desh Bhagat University, Mandi Gobindgarh, Punjab, India

ABSTRACT

Hypertension is the main cause of the two most frequent causes of death worldwide: myocardial infarction and stroke. The disease is closely associated with health-promoting lifestyle (HPL) and it seems that HPL plays an important role in improving health-related quality of life. Hypertension is a modifiable risk factor and its adequate control is highly dependent on lifestyle. Therefore, the present study attempts to find out the current knowledge and attitude of hypertensive patient regarding lifestyle modification and management, so that on the basis of finding government should take some action to change the life style improve health and prevent disease condition.

KEYWORDS: Health-Promoting Lifestyle (HPL)

INTRODUCTION

Health is Wealth' refers to the importance of health to us and reveals that health is wealth. If we are not healthy (do not feel in the state of physical, mental and social wellbeing), wealth means nothing to us. So, our health is a real wealth; we should always try to be healthy. Health is a dynamic process. It keeps on changing as we change our lifestyle, our eating habits, our sleeping routine, our thoughts, etc. Each day we should work towards maximizing our level of health and wellness to lead long, full, and healthy lives. The study has adopted descriptive design. The data was collected from 60 hypertensive patients by administrating self-structured questionnaire in selected hospital of Saharanpur, U.P. Samples were selected by using convenient sampling technique. This finding of the study will help the nurse education and administration level to organize the educational programmed for awareness regarding lifestyle modification can prevent hypertension and importance for secondary management.

STATEMENT OF THE PROBLEM

A study to assess the knowledge and attitude regarding life style modification and management of hypertension among hypertensive patients attending OPD at selected hospital, Saharanpur, UP.

OBJECTIVES OF THE STUDY:

➢ To assess the knowledge regarding hypertensive patient on lifestyle modification and management.

➢ To assess attitude regarding hypertensive patient toward lifestyle modification and management.

➢ To determine the correlation between knowledge and attitude regarding hypertensive patient on lifestyle modification and management.

➢ To find out the association between knowledge level of hypertensive patients with their selected demographic variables.

➢ To find out the association between attitude level of hypertensive patients with their selected demographical variables.

OPERATIONAL DFINATION

Study: -It refers as effort to learn the distinct variable of people in life style modification.

Assess: - It is the organized and continuous process of collecting data regarding knowledge and attitude of hypertensive patient toward their life style modification and management.

Knowledge: - It refers to the correct response of the hypertensive patient to the knowledge items in questionnaire related to life style modification.

Attitude: - It refers to the positive or negative perception and beliefs towards lifestyle modification among hypertensive patient.

Lifestyle modification: - It refers to the way in which the hypertensive patient changes their day-to-day activity to maintain blood pressure and prevent further complication, measured by their attitude and knowledge.

Management: -It refers to maintain the high blood pressure and prevent from further complication due to hypertension.

Hypertensive patient: - It refers persons (Male or Female), who had age between 30-70 years and having systolic blood pressure more than 140 mm Hg and diastolic blood pressure 90 mm Hg with clinical diagnose hypertension by physician.

RESEARCH HYPOTHESIS

➢ H_0 - There is no significant correlation between knowledge and attitude regarding hypertensive patient on lifestyle modification and management.

➢ H_1 - There is a significant association between knowledge levels regarding hypertensive patient with their selected Demographic variables.

➢ H_2 – There is a significant association between attitude levels regarding hypertensive patients with their selected demographic variable.

RESEARCH METHODOLOGY:
Research Design:
In the present study descriptive survey design was adopted. The survey is carried out for providing an accurate portrayal of knowledge and attitude of hypertensive patients regarding life style modification. in this study, design is useful in understanding the knowledge and attitude of hypertensive patients regarding life style modification

SETTING OF THE STUDY:
Setting refers to the area where the study is conducted. It may be natural setting depending upon the study topic and researcher's choice. The study was conducted at SBD hospital. Where this area situated in Saharanpur (UP).

Target Population:
Target population in the process of selecting a group of people, events, behavior or other elements with which to conduct the study.

Sample and sampling technique
The sample is portion of the population that has been selected to represent the study population. The sample of the current study consisted 60 hypertensive patients attending OPD at SBD hospital Saharanpur were selected purposefully.

CRITERIA FOR SAMPLE SELECTION:
Inclusion criteria
➢ Hypertensive patient who are in the age group between 30-70 years.

➢ Hypertensive patient who are diagnosed as hypertensive.

➢ Hypertensive patient who are attending outpatients' departments in selected hospital, Saharanpur.

➢ Hypertensive patient who are available during the period of data collection.

➢ Hypertensive patient who can understand Hindi and English.

Exclusion criteria
➢ Hypertensive patient who are not willing to participate in the study

➢ Hypertensive patient who are not diagnosed as hypertensive.

➢ Hypertensive patient who are critically ill and mentally ill.

➢ Hypertensive patient who cannot understand Hindi and English.

Instrument Used for the Study:
Based on the objectives of the study, a structured questionnaire to assess the knowledge of hypertensive patients regarding life style modification and 5-point Likert scale to assess the attitude of the hypertensive patients regarding life style modification.

Section -1 Table No. 1 – Frequency (F) and percentage (%) wise distribution of socio demographic characteristics of hypertensive patient.

N= 60

Demographic Variables	Frequency (N)	Percentage (%)
Age		
➢ 31-40	2	3.3
➢ 41-50	30	50.0
➢ 51-60	18	30.0
➢ 61-70	10	16.7
Gender		
➢ Male	22	46.7
➢ Female	38	53.3
Occupation		
➢ Sedentary worker	14	23.3
➢ Moderate worker	30	50.0
➢ Heavy worker	16	26.7
Dietary Pattern		
➢ Veg.	22	46.7
➢ Non-veg	38	53.3
Duration of illness		
➢ For 3 months	18	30.0
➢ For 6 months	34	56.7
➢ For 1 year	8	13.3
Education		
➢ Secondary	14	23.3
➢ Higher secondary	30	50.0
➢ Degree	16	26.7
Area of residence		
➢ Urban	28	46.7
➢ Rural	32	53.3
➢ Slum area	0	0.0
Source of information		
➢ Mass media	18	30.0
➢ Newspaper	34	56.7
➢ Internet	8	13.3
Family history		
➢ Parents	19	31.7
➢ Siblings	31	51.7
➢ Grandparents	10	16.7
Family income		
➢ 5000	19	31.7
➢ 5001-15000	31	51.7
➢ 15001-20000	10	16.7

Table 1 depicts that the level of knowledge of Hypertensive patients regarding Life style modification. 6.7% had poor knowledge and 61.6% of them having average knowledge, 31.6% of them having good knowledge.

Section – 2 Table No. 2 To find out the correlation between knowledge and attitude of hypertensive patients on life style modification.

N=60

Correlation	Mean ± SD	Karl Pearson correlation Coefficient	Interpretation
Knowledge	15.47±4.90	r=0.004	significant, positive, poor
&Attitude	60.25±10.20	P=0.05*	correlation between knowledge and attitude It means when knowledge increases Their attitude score also increases Moderately.

SECTION – 3

SECTION: 3 To find out the association between attitude level of hypertensive

Demographic Variables		Unsatisfactory		moderate		satisfactory		Total	Chi-Square
		N	%	n	%	n	%		
Gender	Male	5	8.3	9	15.0	14	23.3	28	0.35 DF=2
	Female	8	13.3	12	20.0	12	20.0	32	
Occupation	Sedentary worker	4	6.7	3	5.0	7	11.6	14	1.57 DF=4
	Moderate worker	7	11.6	12	20.0	11	18.3	30	
	Heavy worker	2	3.3	6	10	8	13.3	16	
Dietary Pattern	Veg.	6	10.0	11	18.3	11	18.3	28	0.475 DF=2
	Non-veg	7	11.6	10	16.7	15	25.0	32	
Duration of illness	For 3 months	3	5.0	9	15.0	6	10.0	18	0.886 DF=4
	For 6 months	9	15.0	10	16.7	15	25.0	34	
	For 1 year	1	1.7	2	3.3	5	8.3	8	
Education	Secondary	4	6.7	3	5.0	7	11.6	14	2.08 DF=4
	Higher secondary	7	11.6	12	20.0	11	18.3	30	
	Degree	2	3.3	6	10	8	13.3	16	
Area of residence	Urban	6	10.0	11	18.3	11	18.3	28	0.35 DF=2
	Rural	7	11.6	10	16.7	15	25.0	32	
	Slum area	0	0.0	0	0.0	0	0.0	0	
Source of information	Mass media	3	5.0	9	15.0	6	10.0	18	0.87 DF=4
	Newspaper	9	15.0	10	16.7	15	25.0	34	
	Internet	1	1.7	2	3.3	5	9.0	8	
Family history	Parents	5	9.0	8	13.3	6	10.0	19	1.03 DF=4
	Siblings	5	9.0	11	18.3	15	25.0	31	
	Grandparents	3	5.0	2	3.3	5	9.0	10	
Family income	5000	5	9.0	8	13.3	6	10.0	19	1.03 DF=4
	5001-15000	5	9.0	11	18.3	15	25.0	31	
	15001-20000	3	5.0	2	3.3	5	9.0	10	

Demographic Variables		Level of Attitude						Total	Chi-Square
		Unsatisfactory		moderate		satisfactory			
		N	%	n	%	n	%		
Age	31-40	0	0.0	2	3.3	0	0.0	2	11.72 DF=6
	41-50	8	13.3	7	11.6	15	25.0	30	
	51-60	3	5.0	10	16.7	5	8.3	18	
	61-70	2	3.3	2	3.3	6	10	10	

Table 3 shows the association between demographic variables of the Hypertensive patients and their level of attitude. Age, Gender, Occupation, dietary pattern, duration of illness, Education, area of residence, family history, source of information and family income are significantly associated with their level of attitude. Association between demographic variables and their level of attitude was analysed using Pearson chi square test.

Results: The present study revealed that approximately half (50%) of hypertensive patient were in the age group of 31-40 years, 60% were said no, they don't have previous information regarding lifestyle modification. Most (61.6 %) had average knowledge and approximate half (53.4%) of them having moderately satisfactory attitude toward the life style modification. Dietary patter. ('P'value-0.05, 2value=2.65, DF=2) and Area of residence (P=0.05, 2value=2.65, DF=2) of the hypertensive patients and is having the significant association with the knowledge score at 0.05% level

RECOMMENDATIONS

On the basis of findings of the study the following recommendations have been made:

1. A similar study can be replicated on a large sample to generalize the findings.

2. A study can be conducted in comparison between the rural and urban hypertensive patients.

3. A general survey can be conducted to see the incidences and prevalence of hypertension.

4. An experimental study can be conducted to see the effectiveness of teaching programme on lifestyle modification.

5. A study can be conducted to observe the practice of hypertensive patients regarding lifestyle modification.

6. An exploratory study can be conducted between male hypertensive patients and female hypertensive patients.

Conclusions: This study demonstrated that most of the hypertensive patient having average knowledge and negative attitude toward the life style modification and management. This finding of the study will help the nurse education and administration level to organize the educational pogramme for awareness regarding lifestyle modification can prevent hypertension and importance for secondary management.