

# Initiatives to enhance the quality of life among patients with hypertension after hospitalization: A phenomenological study

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## Initiatives to enhance the quality of life among patients with hypertension after hospitalization: A phenomenological study

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### Abstract

**Background:** Hypertension is frequently called "the silent killer" because its symptoms are hard to detect and often go unnoticed. Health issues resulting from hypertension can significantly alter the quality of life for those affected, impacting their physical, psychological, social, and environmental well-being.

**Purpose:** To delve deeper into strategies for enhancing the quality of life for hypertensive patients post-hospitalization. 14

**Method:** Applying a qualitative method with a descriptive phenomenology approach through interviews, this study sampled 8 participants selected through purposive sampling.

**Results:** The study revealed that to enhance the quality of life for hypertensive patients post-hospitalization, participants engaged in reducing salt intake, following a specific diet, exercising, limiting activities, using local remedies, and managing their emotions and thoughts.

**Conclusion:** The research findings suggest that efforts to enhance the quality of life for hypertensive patients after hospitalization include reducing salt intake, following a dietary regimen, engaging in exercise, limiting physical activity, using local remedies, and managing emotions and thoughts.

11 **Keywords:** Hypertension; Patient Improvement Efforts; Quality of Life.

### INTRODUCTION

Health-related quality of life (HRQoL) encompasses the physical, psychological, and social aspects of well-being, as well as the negative impacts of illness, treatment, and disability. It involves individuals' assessments of their current functioning and satisfaction compared to what they consider ideal. HRQoL covers aspects of life that can influence or be influenced by health, typically including physical, social, cognitive functioning, and emotional well-being. Clinically, after the onset or diagnosis of a disease, all these dimensions may be affected by the individual's health status, indicating a multidimensional relationship. Good health results from the interplay of biological, psychological, and social well-being; disruption in any of these areas

can lead to disease, affecting the other aspects of well-being and influencing HRQoL (Klocek & Kawecka-Jaszcz, 2013).

Hypertension, or high blood pressure, is often termed "the silent killer" because its symptoms are difficult to recognize and frequently asymptomatic. It is a long-term health condition that can be managed but not cured. Long-term health conditions are generally non-communicable diseases. A person is diagnosed with hypertension if their blood pressure readings consistently show a systolic pressure (the first number) of 140 mmHg or higher and a diastolic pressure (the second number) of 90 mmHg or higher across multiple visits (Ministry of Health of The Republic of Indonesia, 2021).

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Hypertension significantly raises the risk of heart disease, stroke, chronic kidney disease, and other chronic conditions, potentially leading to death. Many individuals with hypertension are unaware of their condition and consequently do not seek treatment, despite the necessity of long-term management to control blood pressure and prevent complications (Nonasri, 2021).

In 2018, approximately 1.13 billion people worldwide had hypertension, and this number was projected to rise to around 1.28 billion by 2021 (World Health Organization, 2021). In Indonesia, the number of hypertension cases in 2018 was reported to be 63,309,620 (Wardoyo, 2012). According to the Provincial Health Office of the Special Region of Yogyakarta, Bantul regency had the highest prevalence of hypertension with 90,874 cases, including 2,918 in Piyungan district. Within Piyungan district, Kaligatuk village reported 103 cases of hypertension.

The high prevalence of hypertension in Kaligatuk village is influenced by factors that make it difficult to control the disease in hypertensive individuals. These factors include the long distance to health facilities, the lack of family members available to take patients to the clinic, patients' inconsistent medication adherence, and many patients ignoring their condition. Hypertension-related health problems can significantly impact the quality of life, affecting physical, psychological, social, and environmental aspects (Yulitasari, Maryadi, & Anggraini, 2021).

The high rate of hypertension can lead to a deterioration in patients' quality of life (Alshammari, Alajmi, Albarrak, Alaqil, Alsaeed, Alzayed, & Baqar, 2021). Quality of life is defined by a person's approach to their position in life, cultural background, value systems, expectations, patterns, and concerns (Lodhi, Montazeri, Nedjat, Mahmoodi, Farooq, Yaseri, & Holakouie-Naieni, 2019). Hypertension and its associated decline in quality of life can create challenges, such as worsened physical and psychological states, social relationship issues, complications from hypertension, inadequate care, and improper treatment, all contributing to a diminished quality of life (Arofiati & Ramadhani, 2021).

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Hypertension is a significant risk factor for cardiovascular disease, which notably decreases quality of life, particularly in elderly patients. Recent

data indicate that nearly half of hypertensive patients and one-third of patients with comorbidities do not adhere to their medication regimens (Uchmanowicz, Chudiak, & Mazur, 2018).

Given these observations, researchers are interested in studying ways to improve the quality of life for hypertensive patients post-hospitalization.

## RESEARCH METHOD

This qualitative research employs a phenomenological approach to delve deeper into efforts to enhance the quality of life of hypertensive patients. The study includes eight participants selected based on data saturation theory, using purposive sampling aligned with specific inclusion criteria. These criteria include patients with hypertension post-hospitalization, aged 20-59, able to share their life experiences related to hypertension, willing to participate with verbal and written consent, and able to communicate effectively. Data was gathered through semi-structured, in-depth interviews conducted face-to-face at the participants' homes, lasting 30-45 minutes, and recorded using voice recorders and field notes.

The participants comprised seven women and one man, aged between 35 and 53 years. They employed various strategies to improve their quality of life, such as following a low-salt diet, maintaining a specific food regimen, engaging in exercise and gymnastics, reducing activity levels, using local remedies, and managing their emotions and thoughts.

## RESEARCH RESULTS

### Theme 1. Salt reduction/low-salt diet

The interview results highlight the participants' efforts to reduce salt intake. One participant stated: "I had to reduce salt earlier. I was also advised to cut back on coconut milk. When cooking vegetables, I either use just a little salt or sometimes none at all." (Q7).

### Theme 2. Food diet

The interview results revealed that participants improved their quality of life by consuming fruits and vegetables, restricting certain foods, and reducing oily foods. Here are some of their statements: "I regulate my diet by eating vegetables and fruit. I've cut back on salt, and when I make clear soup, I don't

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add salt, just a little sugar, but I've noticed my blood sugar has dropped somewhat." (Q1); "I've reduced salty foods, coconut milk, spicy dishes, and offal." (Q4)

### Theme 3. Sports and gymnastics

The interview results indicated that participants also engaged in sports and gymnastics. One participant shared: "We regularly do gymnastics here with the Family Empowerment and Welfare mothers on Sunday afternoons. Sometimes, the important thing is to stay active, even if it's just doing housework at home." (Q3).

### Theme 4. Reducing activity

The interview results showed that participants made efforts to reduce their activities by resting at home, avoiding strenuous tasks, and managing their evening routines. One participant shared: "Every day, besides working as a farmer, I go to the rice fields and then rest. In the afternoon, if I want to go to the fields, I make sure to get enough rest at home. I've cut back on heavy activities because of my age." (Q1).

### Theme 5. Consumption of locally processed beverages

The interview results revealed that participants improved their quality of life by consuming local remedies, such as madeira vine leaves (*Anredera cordifolia*), soursop leaves, and cucumber juice. One participant stated: "When my blood pressure rises, I drink madeira vine leaves tea. If I drink it twice, I feel better." (Q5); "Along with taking medication, I sometimes drink soursop leaf tea and cucumber juice. I filter the juice and drink it, usually making enough for two glasses. I also eat watermelon and melon. If I'm really dizzy, I drink it, but if not, I don't." (Q4).

### Theme 6. Managing emotions and thoughts

The interview results showed that participants made efforts to maintain their emotions and thoughts. One participant shared: "I now mainly focus on controlling my emotions and not overthinking various things." (Q8).

## DISCUSSION

Participants who reduced their salt consumption through a low-salt diet aimed to enhance the quality

of life for hypertensive patients. Excessive salt intake can adversely affect blood pressure. The primary goal of reducing salt consumption is to manage blood pressure levels.

Dietary therapy, including a low-salt diet, is recommended for individuals with hypertension. This approach not only helps lower blood pressure but also addresses other risk factors such as excess body weight, elevated fat levels, cholesterol, and uric acid in the blood. Since table salt is a major source of sodium, it's essential to limit its consumption along with sodium-containing foods (Astuti, Damayanti, & Ngadiarti, 2021).

Prolonged excessive salt intake can exacerbate blood pressure elevation beyond the normal threshold due to the sodium content's impact on fluid retention. Failing to seek early treatment may increase the risk of stroke and even death (Sjattar, Majid, Arafah, Usman, Irwan, & Syam, 2021).

Participants adopted a dietary approach that emphasized fruit and vegetable consumption, reduced oil intake, and limited meat consumption. This dietary strategy aligns with the DASH diet (Dietary Approach to Stop Hypertension), which aims to manage high blood pressure. The DASH diet emphasizes fruits, vegetables, and low-fat foods.

For hypertensive patients, the recommended dietary plan refers to the DASH guidelines provided by the National Institutes of Health, National Heart, Lung, and Blood Institute. Key dietary recommendations include: Low-fat, low-saturated fat, and low-cholesterol diet: Prioritize foods low in fat and saturated fat; High-fiber intake: Consume plenty of fruits and vegetables (at least seven servings); Whole grains and nuts: Include these in the diet whenever possible; Low-fat dairy products: Opt for low-fat milk and dairy items; Moderate meat, fish, and poultry consumption.

The DASH diet encourages increased consumption of fruits, vegetables, and low-fat dairy products while minimizing saturated and total fat. It is rich in potassium, calcium, and magnesium, which are abundant in fruits and vegetables. Additionally, the diet emphasizes a daily dietary fiber intake of 30 grams and restricts salt intake (Nurmayanti & Kaswari, 2022).

Physical activity and exercise play a crucial role in enhancing the quality of life for hypertensive patients. Engaging in sports and gymnastics can

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significantly reduce the risk of hypertension by lowering vascular resistance and suppressing the sympathetic nervous system and the angiotensin-renin system. Inactive individuals often experience elevated heart rates, which puts additional strain on the heart and increases pressure on artery walls (Prihandana, Laksananno, & Mulyadi, 2020).

Both the American and European Hypertension Guidelines recommend regular aerobic exercise—30 to 45 minutes daily—as a means to reduce blood pressure. Aerobic exercise specifically leads to a decrease in systolic blood pressure by 3 to 5 mmHg and diastolic blood pressure by 2 to 3 mmHg.

Additionally, reducing overall activity is another strategy to improve quality of life. Participants achieve this by resting more at home and minimizing strenuous activities. When symptoms appear, individuals choose to rest. However, it is essential to note that sitting can lead to higher systolic and diastolic blood pressure compared to lying down or standing. While blood return to the heart decreases in the sitting position, increased afterload may occur due to potential atherosclerosis in the aorta and arteries, as well as resistance in the femoral artery (Khasanah, Julianto, & Yudono, 2020).

When an individual lies down or sleeps, blood volume is evenly distributed throughout the body. In the supine position, most body parts align with the heart's height, reducing the heart's effort in regulating blood circulation (Dumalang, Lintong, & Danes, 2022).

Participants believe that consuming locally processed beverages can contribute to managing non-pharmacological hypertension and lowering blood pressure. These beverages include decoctions made from madeira vine leaves, soursop leaves, and cucumber juice.

Regular consumption of madeira vine leaf boiled water has been shown to reduce high blood pressure in individuals with hypertension. Madeira vine, a plant rich in flavonoids and saponins, helps lower cholesterol levels and relax smooth muscles, restoring blood vessel elasticity. This process stimulates the hypothalamus via efferent nerves, leading to vasodilation and improved blood flow (Firdaus & Rezeki, 2020).

Complementary therapies for hypertension involve nine medicinal plants, each with a strong theoretical basis for antihypertensive effects.

Soursop leaves are commonly used, followed by rosella, celery, alfalfa, mangosteen peel, bay leaf, cucumber, noni fruit, and black cumin (Bulu, 2021).

Addressing the psychological domain, managing emotions is crucial for hypertensive patients' quality of life. Emotional states (anger, fear, happiness) can impact blood pressure. Patients experiencing emotional difficulties, such as sadness or depression, may struggle with work-related tasks due to their condition (Nopitasari, Rahmawati, & Mitasari, 2021). Positive thinking therapy can help hypertensive patients reduce blood pressure by replacing negative thoughts with positive ones, alleviating emotional distress (Masithoh, Himawan, & Hidayah, 2016).

## CONCLUSION

The research findings on improving the quality of life for hypertensive patients after hospitalization are: (1) Reducing salt intake (low-salt diet): Participants focused on minimizing salt consumption to manage blood pressure; (2) Balanced food diet: Emphasizing fruits, vegetables, and low-fat foods as part of the DASH diet; (3) Physical exercise and gymnastics: Regular aerobic exercise helps reduce blood pressure; (4) Activity reduction: Resting more and avoiding strenuous activities; (5) Consuming locally processed beverages: Herbal preparations like madeira vine leaf boiled water; (6) Emotional and cognitive well-being: Managing emotions and maintaining positive thoughts. These efforts collectively contribute to better outcomes for hypertensive patients.

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