



A qualitative investigation into lived experiences of patients with hypertension in Soran District, Iraqi Kurdistan

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Original Article

Abstract

BACKGROUND: Hypertension (HTN) which is highly prevalent is called a silent killer because it is asymptomatic at its early stages. Moreover, personal and social factors have been reported as effective causes of HTN. In this regard, the present study was aimed at investigating the lived experiences of patients with HTN living in Soran District, the Kurdistan Region of Iraq, in 2018.

METHODS: The current study was conducted by a qualitative method. In so doing, in-depth semi-structured interviews were conducted with 12 patients with HTN who referred to Ashti Hospital in Soran District in 2018. To analyze the recorded and transcribed interviews, Van Manen's (1990) hermeneutic phenomenological method was employed, and finally the themes were obtained.

RESULTS: Data analysis led to appearance of four main themes which were: denial and ignorance of the disease, disturbance in social and familial life, interference with physical and mental health, and treatment difficulty.

CONCLUSION: Given the themes obtained from analyzing the interviews, medical teams are recommended to convince patients with HTN about seriousness of their disease and help them with their physical and mental health. Also, families of such patients are advised to learn how to deal with them while their blood pressure (BP) is high. And finally, governmental authorities are suggested to provide such patients with insurance services so they can afford the treatment costs.

KEYWORDS: Hypertension; Lived Experiences; Hermeneutic Phenomenological Method

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Introduction

Patients with hypertension (HTN) do not have any symptoms and they perform well during the early stages of their disease;^{1,2} therefore, most studies have referred to it as a silent killer.³⁻⁶ When the patients undergo vascular changes, clinical symptoms emerge and their lives will be affected greatly.⁵⁻⁷ Different physical damages and problems have been reported to be associated with HTN including

vascular disease, coronary disease, cerebrovascular disease, chronic renal failure, heart failure (HF), and eye problems.⁸⁻¹⁰ In addition to the negative effects of HTN on the patients' physical health, this disease can also threaten their mental health, such that some studies have reported a positive association of this disease with psychological problems such as anxiety and depression which can in turn have negative effects on their daily lives and activities.¹¹⁻¹⁴

HTN is a chronic disease which can be with the patient for the whole life; therefore, its development can be controlled through lifelong

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treatment.¹⁵ Moreover, studies have indicated that HTN development and its subsequent complications can be controlled by recognizing and controlling its causes.^{16,17} Patients with HTN are normally prescribed to utilize different medications at the same time, which may lead to the risk of drug interaction and development of side effects.¹⁸ It is also stated that beside medication, patients need to comply with treatment method in order to achieve favorable results regarding their blood pressure (BP) control.^{19,20} Furthermore, changing lifestyle and engaging in regular physical exercise have been introduced as important factors in controlling BP and enhancing the quality of life among patients with HTN.²¹

Research has indicated that HTN can develop as a result of different causes which vary in different communities and countries. It has also been pointed out that even the individual lifestyle and experiences of patient with HTN can have an effect on initiation and development of HTN.²² Moreover, different factors have been reported to be associated with HTN development including sociocultural, economic, and environmental situations, attitudes, beliefs, nationality, generation status, race, and genetics.^{23,24} Therefore, it seems necessary to study such factors in different communities through the lived experiences of patients with HTN by a phenomenological method. Information about the individuals' lived experience is typically gathered through in-depth interviews which are analyzed by qualitative methods; therefore, in the present study, the required data on the patients' lived experiences were collected through in-depth semi-structured interview by a qualitative method. Since lived experiences of individuals is shaped by their culture, system of value, standards, expectations, and goals, a phenomenological method was utilized in the present study.²⁵ The ultimate goal in phenomenology is clarifying the meaning, nature, quality, and context of the participants' experiences of a unique issue.²⁶

According to the global statistics, an approximate number of 1.39 billion adults are suffering from HTN,²⁷ which is predicted to reach 1.56 billion by 2025.²⁶ Based on the statistics published by the World Health Organization (WHO), 40% of Iraq population are over 25 years of age, and more than 4 million adults of that age group suffer from high BP.²⁷ Therefore, it threatens the lives of a large number of people, which is worth paying lots of attention and conducting qualitative studies. To the best of the author's knowledge, no qualitative study has been conducted to deal with this significant issue in Kurdistan Region of Iraq. Therefore, the current qualitative study was carried out to investigate the lived experiences of patients with HTN who were living in Soran District, the Kurdistan Region of Iraq.

Materials and Methods

The present investigation was a qualitative study, which was carried out by Van Manen's hermeneutic phenomenological method. This method consists of 6 methodological steps which are "Turning to the nature of lived experience", "Investigating experience as we live it", "Reflecting on the essential themes which characterize the phenomenon", "Describing the phenomenon in the art of writing and rewriting", "Maintaining a strong and orientated relation to the phenomenon", and "Balancing the research context by considering the parts and the whole".²⁸⁻³⁰

In order to carry out the study, 12 patients with HTN who had referred to Ashti Hospital in Soran District, in 2018, were selected as the study sample. A convenience sampling method was utilized as the sampling approach. The inclusion criteria included lack of other chronic diseases, decisive diagnosis of HTN, and participation willingness, and the exclusion criteria were lack of willingness to participate in the study and presence of other chronic diseases. The study sample consisted

of 7 men and 5 women with an age range of 28 to 53 years. They were all from Soran District.

The required data were collected through in-depth semi-structured interviews with the participants from October 2018 to December 2018. A relaxing small room at Ashti Hospital was used to conduct the studies, a friendly relationship with them was created, and confidentiality of their information was ensured in order to elicit as much information as possible from the participants. In addition, sufficient time was given to them so they could answer the questions during the interviews. In order to create a comfortable environment for the participants and elicit as much detailed information as possible, a female interviewer interviewed the females and a male interviewer carried out the interviews with the male participants. Predetermined questions were used to conduct the interviews and decide their direction. The interviews began with general questions such as "What is it like to suffer from hypertension (HTN)?", "When were you diagnosed with HTN?", or "How was your feeling when you noticed you had HTN?" followed by more specific questions such as "How has your life changed by HTN?", "What are the effects of HTN on your daily social life?", or "How do you deal with the problems that HTN has caused?". Each

interview lasted about 50 to 70 minutes. All interviews were recorded, and then transcribed and translated for further analysis, for which the participants' permission was obtained in advance.

The transcripts of the interviews were analyzed through the six methodological activities proposed by Van Manen (1990)³⁰ (Table 1).

In addition, the translated transcripts were compared to the recorded interviews several times in order to make sure about the accuracy. Moreover, to obtain a deep understanding of the patients' lived experiences, the transcripts were reread and scrutinized several times.

Trustworthiness: Trustworthiness in qualitative studies refers to the level of adequacy or soundness.²⁶ Describing the data analysis procedure and justifying the reliability of the results are necessary to make sure about trustworthiness of a qualitative study.³¹ Furthermore, the trustworthiness in the present investigation was ensured by benefiting from the comments made by the field experts, obtaining the patients' trust through establishing a good relationship with them, conducting the interviews at suitable time and place, and rereading the transcripts for several times. In addition, the researchers' reliability was ensured because they have been working as nurses.

Table 1. Six methodological activities in Van Manen's method

Van Manen's methodical activities	The researchers' activities
1 Turning to the nature of lived experience	Because a large number of people refer to clinics and hospitals in the region because of their HTN and the problems it causes, and given the need for developing effective methods to help hyperactive patients and improve the quality of their daily lives, the researchers decided to conduct a qualitative investigation into the lived experiences of patients with HTN.
2 Investigating experience as we live it	Some patients with HTN were selected.
3 Reflecting on the essential themes which characterize the phenomenon	For this purpose, thematic analysis was used.
4 Describing the phenomenon through the art of writing and re-writing	A phenomenological text was created by writing and rewriting.
5 Maintaining a strong and oriented relation to phenomenon	The themes were discussed in relation to the phenomenon.
6 Balancing the research context by considering parts and whole	The researcher moved between transcripts and themes several times.

HTN: Hypertension

Ethical considerations: By obtaining necessary approval from the Ethics Committee of Erbil Polytechnic University, Kurdistan Region, Erbil, Iraq (No. 810 on January 29, 2019), observation of the ethical considerations was ensured. Furthermore, the participants were provided with sufficient explanations about the study's objectives, the data collection method, and confidentiality of the collected data. In addition, the participants were informed that they had the right to quit the study whenever they intended to. Moreover, informed written consent was retrieved from the patients. In order to maintain the anonymity of the collected data, each participant was given a unique code (participant 1, participant 2, etc.), and the confidentiality of the collected information was ensured by keeping the transcripts and recorded audios in a safe place.

Results

Analyzing the transcripts of the recorded in-depth interviews with the participants led to appearance of four main themes: "denial and ignorance of the disease", "disturbance in social and familial life", "interference with physical and mental health", and "treatment difficulty".

Denial and ignorance of the disease: The first and most frequent theme that emerged from the participants' talks was the fact that they had tried to deny their disease during the first days after they were diagnosed with it and ignored it after they were convinced to have it. In this regard, participant 3 referred to his problem with accepting his disease in the beginning until he developed serious symptoms. He continued:

"I was always fine and energetic. I could sleep well, perform well at work, and live a quite normal life, so when I was diagnosed with high blood pressure (BP), I could not believe, because I didn't feel anything wrong inside my body. As a result, I simply ignored

that diagnosis, but one day I started to have very bad headaches, and my doctor told me they were because of my high BP, so I had to take it seriously and do something about it."

Participant 7 also underwent a similar experience and stated:

"When I was diagnosed with high BP, denial was my first reaction because I had no health problem. So, I went back home that day without taking the diagnosis seriously, but after a while, I referred to my doctor for some eye problem and after some examinations, I was told that my eye problem is related to my hypertension (HTN). After that day, I started to feel nervous about my health."

Having lived with HTN for more than 20 years, participant 10 stated:

"I was diagnosed with high BP about 20 years ago, so my memories of that time are not that clear, but I remember that my first reaction after I was told I had the disease was laughter in disbelief, because I was alright before some symptoms I got at the age of 32."

Disturbance in social and familial life: The second theme obtained from analyzing the interviews was the fact that the participants stated that their social and familial life had been negatively affected by their high BP. In this regard, participant 2 revealed:

"One of the worst effects of high BP on me is that I get angry and restless quickly which in turn affects my relationship with my husband and children. I'm really worried about it, and I wish I could do something about it, but it's quite out of my control."

Referring to the bad effects of HTN on his relationship with his colleagues, participant 4 said:

"I always feel tired, so my co-workers think that I'm lazy and want to evade responsibilities, but that's not true or fair at all, I really enjoy my job and want to get things done well, but my disease takes all my energy and makes me tired."

In the same regard, participant 9 referred to

the negative effect of HTN on her sexual relationship with her husband and revealed:

"My disease has a negative effect on my relationship with my family members especially my husband; we're not as intimate as before, and it's all because I'm hardly ever in the mood for sex, which is all because of my high BP, anxiety, and stress."

Interference with physical and mental health:

The third theme obtained from data analysis was the interference of HTN with the patients' physical and mental health. Almost all of the patients referred to the fact that after that the serious symptoms of HTN developed, they had serious problems with their physical and mental health. In this regard, participant 1 said:

"Since my disease got worse and serious, I have been experiencing headaches. Sometimes they are really excruciating and I cannot stand them. Because of my high BP, as my doctor told me, I even had some kidney problems last year."

Regarding the complications caused by HTN, participant 8 revealed:

"My disease has actually affected all aspects of my life especially my mental health. Because of my high BP, my mental health is not at a good status because I feel anxious and stressed most of the time."

Participant 12 referred to the effect of HTN on both his mental and physical health and said:

"You may be able to control your physical problems with some medicine, but mental problems are so bad. My high BP has negatively influenced my physical health, causing headaches and dizziness, and mental health, causing anxiety and impatience."

Treatment difficulty: The last theme that was obtained from analyzing the interviews was treatment difficulty. In this regard, some patients referred to the financial side of treatment difficulty. For example, participant 5 said:

"I've been suffering this disease for years and I have to spend lots of money on medication. Sometimes, I just feel that it's all in vain and I will never get quite fine."

Participant 6 also referred to the same problem and said:

"So far, I have experienced several complications of high BP including headache, kidney problem, and eye problem which have made this disease so costly to treat."

In the same regard, participant 11 revealed:

"To control and treat this disease, in addition to taking different medicines, I have had to change my lifestyle completely, which all makes treating the disease difficult."

Discussion

The results of the present qualitative investigation into the lived experiences of patients with HTN in Soran District led to appearance of 4 main themes namely "denial and ignorance of the disease", "disturbance in social and familial life", "interference with physical and mental health", and "treatment difficulty".

Most of the patients in the present study revealed that their first reaction to diagnosis of their HTN was denial and ignorance. While relating their first experience of the disease, they stated that since they had felt well before, they could not believe that they were really ill; however, after that they underwent serious symptoms, they had to accept their disease and do something about it.^{26,31-33} Similarly, in their qualitative study on elderly patients with HTN, Udompittayason et al. reported that patients with HTN did not take their disease seriously and they somewhat ignored their high BP.³² These researchers pointed out that the patients with HTN in their study were affected by their traditional assumptions and beliefs which caused them not to accept their disease or change their inappropriate behaviors. Similar findings were reported by other researchers such as Shamsi et al.⁶ and Akter et al.¹⁹ The patients in the present study stated that they had started to take their disease seriously and think of some solutions only when they had developed some serious complications caused by their HTN. This finding is in line with the one reported by Samranbua.³³

The patients with HTN in the present study pointed out that their disease had negatively affected their social and familial lives. They stated that high BP had some serious complications such as tiredness, anxiety, anger, and restlessness which in turn had negative effects on their relationship with their close family members such as spouse and children and also their colleagues. In their study on the quality of life among patients with high BP, Xu *et al.* reported that patients with HTN had poor relationships with their family members and friends,³⁴ which is similar with the finding of the present study. This finding is also in line with that of the study carried out by Shamsi *et al.* in Iran.⁶

The third theme that was obtained from the interviews with the patients with HTN in the present study was the interference of HTN with the patients' physical and mental health. In relating their experiences regarding their physical and mental health, the patients stated that their high BP had negative effects on both their mental and physical health. They stated that HTN was associated with different complications such as headache, dizziness, renal failure, anxiety, and stress which in turn disturbed their physical and mental health. Similarly, McCartney Feild carried out a thesis in University of Tennessee, Knoxville, Tennessee, United States (US), and reported that the patients with HTN were concerned and stressed out about their disease complications.³⁵ This finding was also in agreement with that of the study carried out by Shamsi *et al.* who reported that the patients with HTN in their study suffered from stress and anxiety.⁶ The patients in the present study also complained about the negative effect of HTN on their physical health. In this regard, they stated that they had headaches, dizziness, and kidney problems. This finding is in line with the results of other previously conducted studies.^{6,36,37} The patients in the present study also talked about the difficulty of treating their high BP. In this regard, they referred to the

financial side of the treatment and stated that it was costly to treat the numerous complications of the disease. Similar findings were reported by Lewis *et al.*³⁸ and Arredondo and Zuniga.³⁹ This problem can be tackled by providing patients with medical insurance, as mentioned in the study conducted by Shamsi *et al.*⁶ Another side of treatment difficulty, as stated by the participants, was related to changing their lifestyle. Similarly, the patients in the studies carried out by Shamsi *et al.*,⁶ Whitt-Glover *et al.*,⁴⁰ and Oliveria *et al.*⁴¹ had a difficult time changing their lifestyles, which was reported to be quite effective in controlling and reducing high BP. Like any other qualitative study, the present study included some limitations. The first limitation was related to the study setting which was a public hospital in Soran District, which might have affected the results and they cannot be generalized to other settings especially to private hospitals in which patients may undergo different experiences, leading to different findings. The second limitation was related to the participants' ethnicity and culture. All of the participants were Kurds sharing the same culture.

Conclusion

Following the results of the present study, the lived experiences of patients with HTN were interpreted as the four themes: "denial and ignorance of the disease", "disturbance in social and familial life", "interference with physical and mental health", and "treatment difficulty". These themes indicate that medical practitioners need to pay more attention to patients with HTN in terms of convincing them that their disease can be seriously debilitating if they neglect it. Moreover, their families should be trained on how to deal with them while their BP is high. Medical practitioners are also recommended to pay attention to both physical and mental conditions of such patients while treating them or prescribing medications. Finally, the

governmental authorities are recommended to provide such patients with insurance, so they can afford their long-term treatment.

Conflict of Interests

Authors have no conflict of interests.

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