Research Journal of Recent Sciences _____ ISSN 2277-2502
Vol. 4**(ISC-2014),** 270-273 **(2015)** *Res. J. Recent. Sci.*

Illness Perception and Coping among Hypertension Patients

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Available online at: www.isca.in, www.isca.me
Received 11th November 2014, revised 2nd April 2015, accepted 21st April 2015

Abstract

This study examined the illness perception and coping among the hypertension patients. The purpose of the study was to understand how hypertension patients perceive their problem of illness and how they cope with it. The Study was carried out in Bhopal and Lalitpur District with hypertension patients aged between 26 and 75 years. Finding revealed that patients suffering from hypertension have different degrees of perception for different aspects of illness and the differences in the frequencies of various coping behavior. The correlation between illness perception and coping behavior of patients suffering from hypertension.

Keywords: Hypertension Patients, Illness perception, coping behavior.

Introduction

High blood pressure is a very serious disease. Hypertension is often called a silent killer because you can have it for years with out knowing it. Hypertension is a serious medical problem for several reasons. According to recent estimates, One in four U.S. adults has high blood pressure. but because there are no symptoms. Nearly one third of these people do not know they have it American Heart Association, 2004.

It is the pressure exerted by the blood on the walls of the arteries. It is measured by device known as **sphygmomanometer** and this device was discovered by **karnot koff**. blood pressure is of two type.

SBP **Systolic Blood pressure** It is the pressure exerted by blood on the walls of arteries in the systolic condition i.e. when the ventricles are in contraction stage. It's value is 120 mm of hg. It is the higher value of blood pressure.

DBP Diastolic Blood pressure It is the pressure exerted by blood on the walls of arteries in the diastolic phase i.e. relaxation phase of ventricles it's value is 80mm of hg. It is the lower value of B.P.

Pulse pressure It is the difference in the value of systolic blood pressure and diastolic blood. pressure. It is fell in radial artery.

Many Risk factor's of high blood pressure that you cannot control they are age, race, sex etc. Age is the most important risk factor of your high blood pressure and increases as you get older. After about age 50 More men, women and younger adults suffer from high blood pressure sex is also risk factor of your hypertension. It is more common in men than in women, but the opposite is true for men and women age 60 and older. Many other risk factor's of high blood pressure that also increase your hypertension they are obesity inactivity, Tobacco use, excessive alcohol and stress etc. high levels of stress can lead to a temporary but dramatic increase in blood pressure, stress also can promote high blood pressure.

In Malaysia, the second National health morbidity survey reported that the prevalence of hypertension among adults aged 30 years and above was 29.9% of whom 32.6% had stopped treatment since diagnosis. The main reasons given for non compliance are predominantly based around poor communication. These include the perception that hypertension was not a serious illness, the patients had been cured or that treatment was no longer required[1]. The evidence from studies to date provide quantitative support for the structural relations between the five components of illness representation described by Leventhal 1984,1997 and for the expected links between illness perceptions and a range as psychological out comes including coping Heljmans 1988[2]. The most influential Theoretical framework adopted in this work is the self regulation modes of Leventhal and colleagues, who have proposed that patients illness representations are based around distinct components which in turn, determine copin Leventhal, nerenz and steele, 1984[3]. So many studies on the based of the psycho and social risk factors of hypertension. Din- Dzietham et al. 2004; Wilson et al 2004, Whitfield et al; 2002 and basset et al, 2002[4]. In indian studies park, k Hypertension in park's textbook of preventive and social medicine[5]. Solanki DM. An epidemiological study of normal and elevated blood pressure in urban, rural and tribal population of surat, district. Dwivedi S Aggarawal MP, Chaturvedi A central obestiy, hypertension and smoking in young resident doctors[6]. parmar RI. The role of psychosocial stressors in epidemology of hypertension 1994. Moreover, hypertension is a rise factor for other disorders, such as kidney failure American Heart Association, 2001[4].

Social support is a resource for combating most health problems. in the case of peoble with hypertension however, those who are also high in hostility can compromise the social support that they receive. Thus the quality of personal relationships my influence whether social support has a beneficial effect on CVD Uno. Uchino and smith 2002[7]. Depression and hostility and lack of Social support are quite closely tied Benotsch et. al 1997, Flory and owens, 1999, williams and zimmermann, 1998 Mc. Caffcry and manuck, 2002[7]. An early study so many research related with the hypertension like are - Risk factors, stress and hypertension, psychosocial factors and hypertension, Treatment of hypertension etc. Therefore with the help of this study, we will try to find out that hypertension patients, How understand and perceive their problem of illness and how they cope with it.

Objectives: The aim of the present study was to understand how patients perceive their problem of hypertension and how they cope with it. on the basis of these objectives the following hypotheses were proposed to be tested in the present study: i. Hypertension patients perceive different aspects of their illness differently. ii. Frequency of using various method of coping by the hypertension patients will be different. iii. Illness perception of patients suffering with hypertension will be positively related to their coping behaviour.

Methods

Sample: The Sample of the present study consisted of 100 hypertension patients aged between 25 and 75 years, The study was carried out in Bhopal and Lalitpur district with hypertension patients. The patients duration of illness ranged from 2 months to 33 years (mean = 5.56 years, SD =.93).

Measures: Illness perception Questionnaire: The Hindi translation of the illness perception Questionnaire (IPQR, we in man, 1996) was used. The questionnaire has 38 items measuring seven areas of illness perception: timeline consequences personal control, treatment control, illness coherence, timeline cyclical, treatment control, illness coherence, timeline cyclical, and emotional representation.

The IPQ-R items are rated on 5- Point likert type scale: strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree on the basis of patients ratings scores for each of the seven areas of illness perception are obtained.

Coping Questionnaire: This questionnaire was developed by weinman et. al. (1996). The Hindi translation of this questionnaire was used in the present study. The coping questionnaire has 50 items measuring the Nine different areas of coping behaviour adopted by patients. These areas were: seeking social support, Integration, denial/mental disengagement, seeking knowledge, resignation, planning, self-blam, problem focused coping, and emotion focused coping. Items of this questionnaire are rated on a 5- pint scale ranging from strongly disagree (1) to strongly agree (5). On the basis of this rating separate scores for each of the nine areas of patients. coping behaviour were obtained.

Procedure: For the present study the hypertension patients were approached and the approval was taken from the doctors of government hospitals and private clinics. All the questionnaire were distribute to them rapport was established with the patients by explaining to them the objectives of the study in brief. The data was collected individually by administering the scale in one sitting. After obtaining the patients responses on the measures, scoring was done manually. The obtained data was properly tabulated and put to appropriate statistical analysis.

Result and Discussion

Illness perception: Table1presents mean illness perception scores and SD_S along with the friedman's mean rank Test values. Mean Rank scares clearly indicate that perception of consequences by the patients was highest (Mean Rank = 5.36), followed by perception of emotional representation (Mean rank=4.80) treatment control mean rank=4.22), timeline (Mean Rank=4.00), time line cyclical (Mean Rank=3.89),personal Control (Mean Rank=3.66) and illness coherence Mean Rank=2.07).

These results show that patients suffering with hypertension have different degrees of perception for different aspects of illness This was also indicated by significant, (chi-Square=139.06p<.001).

Coping :- Mean scores and SDs for the measure of coping behaviour along with the Friedman's mean Rank test values presented in table 2 indicate that seeking knowledge was the most frequent method of coping used by the patients suffering with hypertension (Mean Rank = 6.34).

This was followed by seeking social support (Mean Ranks =6.24), Problem focused coping (Mean Rank = 6.02), planning (Mean Rank = 5.87), emotion focused Coping (Mean Rank 4.95), self blame (Mean Rank = 4.69), integration (Mean Rank = 3.95) denial /mental disengagement (Mean Rank= 3.87) and resignation (Mean Rank= 3.06). The differences in the frequencies of various coping behavior used by the patients was found as statistically significant (chi- square = 151. 93 P< .001).

Relationship between illness perception and coping: Coefficients of correlation presented in table 3 clearly indicate that relationship of the perception of time line was positively and significantly related with problem focused coping behavior of patients (r = .33, P< .01). In contrast, perception of time line was found negatively related with denial/mental disengagement (r=-.44, p<.01) and resignation the (r= .-20, P< .05). Negative relationship of the perception of timeline was also found with seeking social support, integration and emotion focused coping. However, these relationship were not found as significant (P>

.05) . Similarly, positive relationship of timeline perception with seeking knowledge, planning and self-blame were also observed as statistically non significant.

Perception of consequences of illness was found positively related with the coping behavior of seeking social support integration, seeking knowledge, planning, self-blame and emotion focused coping, while it was negatively related with denial/mental disengagement, resignation, and problem focused coping. However none of this relationship was found as statistically significant. Relationship of control of patients with different areas of coping behavior was also found as statistically non significant. Relationship of treatment control of patients over there illness was found significant but negatively related with denial/mental disengagement (r = -.02, P< .05)

Table-1
The mean illness perception scores and SDs along with the friedman's mean rank Test Values.

Illness Perception	Mean	SD	Mean rank	Chi square
Time Line	3.18	0.76	4.00	
Consequences	3.63	0.45	5.36	
Personal Control	3.05	0.47	3.66	139.06
Treatment Control	3.27	0.52	4.22	P<.001
Illness coherence	2.43	0.53	2.07	
Timeline cyclical	3.07	0.89	3.89	
Emotional representation	3.45	0.82	4.80	

*P<0.05**P<0.01

Table-2
The mean coping behaviour scores and SDs along with the Friedman's mean rank test values.

Method of Coping	Mean	SD	Mean rank	Chi square
Seeking Social Support	3.90	0.60	6.24	
Integration	3.20	0.76	3.95	
Denial/ Mental disengagement	3.20	0.75	3.87	151.93
Seeking Knowledge	3.87	0.79	6.34	P<.001
Resignation	2.78	0.91	3.06	
Planning	3.76	0.79	5.87	
Self- blame	3.39	1.20	4.69	
Problem focused	3.85	0.74	6.02	
Emotion focused	3.57	0.56	4.95	

*P<0.05**P<0.01

Table-3
Relationship of illness perception of patients with the areas of their coping behavior

Table 3:-	Illness perception						
Coping Behaviour	**Timeline**	**Consequences**	**Personal Control**	**Treatment Control**	**Illness Coherence**	**Timeline cyclical**	**Emotional Representation**
Seeking Social support	-.02	.14	-.04	-.01	-.28**	.20	.11
Integration	-.17	.08	.08	.00	.00	.44**	-.27**
Denial/mental disengagement	-.44**	-.04	.02	-.21*	.18	.58**	.-31**
Seeking knowledge	.07	.19	-.14	.08	-.24*	.07	.27**
Resignation	-.20*	-.04	.05	-.15	.11	.42**	-.27**
Planning	.12	.11	-.09	-.01	-.16	.06	.31**
Self- blame	.19	.13	.13	.04	-.24*	.15	.33**
Problem focused	.33**	-.01	-.15	-.05	-.27**	-.12	.26*
Emotion focused	-.14	.06	-.06	.05	.05	.36**	.04

* P< 0.05 ** P< 0.01

Relationship of illness coherence was found significant but negatively related with seeking social support (r = - .28, P< .05) seeking knowledge (r = -.24, P< .05), self blame (r = -.24, P< .05) and problem focused coping (r = -.27, P< .01) . Perception of cyclical timeline was found significant and positively related with integration (r = .44, P< .01) denial/mental disengagement (r = .58, P< .01) , resignation (r = .42, P< . 01) and emotion focused coping (r = .36, P< .01)

Emotional representation of patients was found positive and significantly related with the coping behavior of seeking knowledge (r = .27 P< .01) , planning (r = .31 P< . 01) , self blame (r = .33 P< .01) and problem focused coping (r = .26 P< .05). Whereas relationship of emotional representation with coping behavior of integration (r = .27 P< .01) , denial mental disengagement (r = -.31 P< .01) , and with resignation (r = -.27 P<.01) was found as statistically significant.

Conclusion

On the basis of the results, the following conclusions that the high blood pressure patients have different degrees of perception for different aspects of illness. They also using various Method of coping with the problem of hypertension the results show very clearly that illness perception and coping behavior was positively correlated with the hypertension patients. The proposed hypotheses are accepted. Some suggestions for the help of the study, we can suggest for the hypertension patients that you have differently positive perception for your illness than you can frequently cope with hypertension.

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