# Nurses' Knowledge Regarding Nursing Care Of Obesity And Hypertensive Patients In Bangladesh 

${ }^{1}$ Shova Rani Biswas*<br>Senior Staff Nurse<br>Mugda Medical College Hospital Dhaka, Bangladesh<br>${ }^{2}$ Dr. Md. Manjur Hossain<br>Program Manager (A \& RH), Directorate General of Family Planning, Ministry of Health and Family Welfare, Govt. of the People's Republic of Bangladesh


#### Abstract

Heart diseases, hypertension, diabetes, COPD and cancer are some of the major NCDs and account for more than three-fifths of a death in Bangladesh. This study was aimed to assess the level of nurses' knowledge regarding nursing care and management of the hypertensive patients. This study utilized a descriptive crosssectional study type and the data were collected using self-administered questionnaire. The respondents were informed about the purpose of the study to obtain their consent and they were given clear instructions on how to fill the questionnaires. All the data were analyzed using Statistical Package for Social Sciences (SPSS) version 22. In this study slightly above $60.0 \%$ of the participants were female and $73 \%$ of them were Muslims. More than half $(53.0 \%)$ of the respondents had B.Sc. in nursing and $51.3 \%$ of them had $<10$ years of service experience. About $70.4 \%$ of the respondents had attended training on hypertension and $92.2 \%$ of them know about normal blood pressure measurement. About $92.2 \%$ of the participants know the causes of hypertension and $82.6 \%$ of the respondents mentioned that hypertension management aims to prevent morbidity and mortality and only $39.1 \%$ of them know the recommended diet for people with hypertension. The finding reported that the nurses' knowledge regarding the management of hypertensive patients and knowledge on hypertension were very good. Developing knowledge among the nurses in relation to hypertension is the key factor to plan for comprehensive nursing care for better prognosis of the patient.


Keywords: Diseases, Hypertension, Knowledge, Nurses, Patients

## INTRODUCTION

Hypertension is the most important preventable risk factor for premature death worldwide. 1 It increases the risk of ischemic heart disease, strokes, peripheral vascular disease, and other cardiovascular diseases, including heart failure, aortic aneurysms, diffuse atherosclerosis, chronic kidney disease, and pulmonary embolism. 1 Hypertension is also said to be a risk factor for impairment and dementia. Other complications of hypertension includes hypertensive retinopathy and hypertensive nephropathy.2-5 A study reported that as of 2014, approximately one billion adults i.e. about $22 \%$ of the population of the world have hypertension. 6 The prevalence of hypertension increases with age and it is slightly more frequent in men. It is common in high, medium and low income countries.

Bangladesh has come a long way combating some of the major communicable diseases causing existence of double burden of the diseases at the same time. Nevertheless, the current surveillance system is yet to be implemented appropriately. Stroke/heart disease, hypertension, diabetes, COPD and cancer are some of the major NCDs and cumulatively account for $68 \%$ death in Bangladesh. Among these public health problems, hypertension is an emerging epidemic and its prevalence was found to be within $15-20 \%$ among the adult population of Bangladesh. It's the major modifiable risk factor for cardiovascular disease and some other complications like heart failure, renal failure etc. 11 Hypertension has modifiable risk factors related to lifestyles, primarily tobacco smoking, lack of physical activity, unhealthy diet, harmful use of alcohol etc, are modifiable.

## METHODOLOGY

In this paper primary and secondary data has been used by reviewing relevant literature. In doing so, the desktop survey that includes, browsing internet sources related to Obesity and Hypertensive patients, and content analysis from the texts of Obesity and Hypertensive journal articles and policy papers was used.

## RESULTS

## Socio-demographic characteristics of the respondents

Table 1 showed that little above three-fifths ( $61.8 \%$ ) of the respondents belongs to age group 33 years and below. Most of the participants (61.7\%) were female and the majorities (69.6\%) of the participants were married.

Table 1: Socio-demographic characteristics of the respondents ( $\mathrm{n}=115$ ).


More than seven-tenths (73\%) of the respondents were Muslims, followed by Hindu (26.1\%) and the remaining were Buddhist. More than half (53.0\%) of the respondents had B.Sc. in nursing, followed diploma in nursing ( $33.9 \%$ ) and the rest had masters level of education. Little above half ( $51.3 \%$ ) of the respondents had <10 years of service experience, followed by $35.7 \%$ who had $10-20$ years' service experience and $13 \%$ had more than 20 years of service experience. $70.4 \%$ of the respondents had attended a training on hypertension.

## Nurses knowledge regarding nursing care and management of hypertensive patients

Table 2 shows that more than nine-tenths ( $92.2 \%$ ) of the participants knows about normal blood pressure measurement and $81.7 \%$ of them knows blood pressure level that indicate prehypertension. About $92.2 \%$ of the participants know the causes of hypertension and $67.0 \%$ of them know the hypertension risk factors. About $62.6 \%$ of the respondents know about maintaining bed rest and elevating head of bed and $60 \%$ of the respondents know about monitoring and recording of BP while the patient is at rest. About $62.6 \%$ of the respondents can observe the sudden hypotension and $60 \%$ can monitor electrolytes, BUN and creatinine. More than seven-tenths (73\%) of the respondents knows about observe skin color, moisture, temperature, and capillary refill time and $29.6 \%$ of the respondents knows about monitoring response to medications to control blood pressure. About $82.6 \%$ of the respondents mentioned that hypertension management aims to prevent morbidity and mortality and only $39.1 \%$ of them knows the recommended diet for people with hypertension. About $66.1 \%$ of them knows the moderate salt restriction of hypertensive patient and $87 \%$ mentioned that weight loss is important in management of hypotensive patient. $70.4 \%$ of the respondents said decrease in ethanol intake helps in the management of hypertension and $91.3 \%$ of them stated that relaxation is a technique that aims to reduce tension or anxiety.

Table 2: Nurses knowledge regarding nursing care \& management of hypertensive patients ( $\mathrm{n}=115$ )

| Items | Yes N (\%) | No N(\%) |  |
| :--- | :---: | :---: | :---: |
| Knowledge regarding hypertension | $105(91.2)$ | $10(8.8)$ |  |
| Knows normal blood pressure measurement | $95(80.7)$ | $20(19.3)$ |  |
| Knows blood pressure level that indicate pre- <br> hypertension | $104(90.2)$ | $11(9.8)$ |  |
| Knows causes of hypertension | $54(46.8)$ | $59(51.2)$ |  |
| Knows that hypertension is a risk factor for <br> cardiovascular diseases | $76(66.0)^{3}$ | $39(32.0)$ |  |
| Knows hypertension risk factors | $75(65.3)$ | $40(34.7)$ |  |
| Knows how to measure blood pressure of a patients | $80(69.4)$ | $35(30.0)$ |  |
| Systolic pressure represents the pressure when the heart <br> contracts | $74(64.5)$ | $43(37.5)$ |  |
| Diastolic pressure represents the pressure when the <br> heart is relaxed | $72(62.6)$ | $43(37.4)$ |  |
| Knowledge regarding nursing care for hypertensive patients | $46(40.0)$ |  |  |
| Knows about maintaining bed rest and elevating head of <br> bed | $23(20.1)$ |  |  |
| Know about assessing blood pressure in both arms <br> during admission | $69(60.0)$ | $92(79.9)$ |  |
| Knows about monitoring and recording of BP while the <br> patient is at rest |  |  |  |


| Can you Observe the sudden hypotension | $72(62.6)$ | $43(37.4)$ |
| :--- | :---: | :---: |
| Can you Monitor electrolytes, BUN and creatinine | $69(60.0)$ | $46(40.0)$ |
| Can you Measure inputs and expenditures | $70(60.9)$ | $45(39.1)$ |
| Observe skin color, moisture, temperature, and capillary <br> refill time | $85(74.0)$ | $30(27.0)$ |
| Instruct in relaxation techniques, guided imagery and <br> distractions | $83(72.2)$ | $32(27.8)$ |
| Monitoring response to medications to control blood <br> pressure | $35(30.6)$ | $80(69.4)$ |
| Knowledge on management of hypertensive patients |  | $21(18.4)$ |
| Hypertension management aims to prevent morbidity <br> and mortality | $94(81.6)$ | $71(61.9)$ |
| Knows the recommended diet for people with <br> hypertension | $44(38.1)$ | $15(13.0)$ |
| Knows about advising the patient to Stop smoking | $100(87.0)$ | $38(34.9)$ |
| Knows moderate salt restriction of hypertensive patient | $-77(67.1)$ | $29(25.3)$ |
| Is good for the hypertensive patient to consume diets <br> low in cholesterol | $86(74.7)$ | $15(13.0)$ |
| Weight loss is important in management of <br> hypertensive patient | $100(87.0)$ | $80(69.4)$ |

## Knowledge scores distribution of the respondents

Table 3 showed the knowledge scores of the respondents. According to knowledge on hypertension, the participants had very good knowledge (74.8\%). Regarding the knowledge on management of hypertensive patient, the respondents were found to have a very good knowledge (73\%). However, based on knowledge regarding the nursing care of the hypertensive patients, the respondents had good level of knowledge (65.2\%).

Table 3: Knowledge Scores Distribution of the Respondents

| Score | Knowledge on <br> hypertension $\mathbf{N}$ <br> $(\%)$ | Nursing care for <br> hypertensive patient $\mathbf{N}$ <br> $(\%)$ | Management of <br> hypertensive patient N <br> $(\%)$ |
| :---: | :---: | :---: | :---: |
| Correct | $85(73.8)$ | $74(64.2)$ | $85(73.0)$ |
| Incorrect | $30(26.2)$ | $41(35.8)$ | $30(27.0)$ |
| Total | $115(100.0)$ | $115(100.0)$ | $115(100.0)$ |

Table 4: Knowledge Scale Distribution

| Excellent | $\mathbf{8 0 - 1 0 0 \%}$ |
| :---: | :---: |
| Very Good | $70-79 \%$ |
| Good | $60-69 \%$ |
| Satisfactory | $50-59 \%$ |
| Poor | $0-49 \%$ |

## DISCUSSION

In this study the total 115 nurses were participated and their responses were assessed. Educational attainment refers to the highest level of schooling that a person has reached. In our study based on educational qualification, more than half ( $53.0 \%$ ) of the respondents had B.Sc. in nursing, followed diploma in nursing ( $33.9 \%$ ) and the rest had masters level of education. Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. According to attending training regarding hypertension, $70.4 \%$ of the respondents had attended a training regarding hypertension.

A nurse can give sufficient care and the results of reducing the patient's weight and changes in lifestyle (smoking cessation, reduction in alcohol intake, salt restriction, and increase in physical activity) are good. 13 especially for older patients with isolated systolic hypertension, it is wise to use non-pharmacological treatment.

More than nine-tenths ( $92.2 \%$ ) of the participants knows about normal blood pressure measurement and $81.7 \%$ of them knows blood pressure level that indicate pre-hypertension. About $92.2 \%$ of the participants know the causes of hypertension and $67.0 \%$ knows the hypertension risk factors. About $62.6 \%$ of the respondents know about maintaining bed rest and elevating head of bed and $60 \%$ of the respondents know about monitoring and recording of BP while the patient is at rest. About $62.6 \%$ of the respondents can observe the sudden hypotension and $60 \%$ can monitor electrolytes, BUN and creatinine. Patients with controlled hypertension improved markedly when a nurse took part in the care.

In Western Australia patients with controlled hypertension improved from $70 \%$ to $87 \%$ in 3 years and in Israel the controlled hypertensive patients improved from $70 \%$ to $99 \%$. The nurse took care of the contact with the patients, as she was presumed to be best at interacting with the patient and continuity of care.

More than seven-tenths (73\%) of the respondents knows about observe skin color, moisture, temperature, and capillary refill time and $29.6 \%$ of the respondents knows about monitoring response to medications to control blood pressure. About $82.6 \%$ of the respondents mentioned that hypertension management aims to prevent morbidity and mortality and only $39.1 \%$ of them know the recommended diet for people with hypertension. About $66.1 \%$ of them know the moderate salt restriction of hypertensive patient and $87 \%$ mentioned that weight loss is important in management of hypertensive patient. $70.4 \%$ of the respondents said decrease in ethanol intake helps in the management of hypertension and $91.3 \%$ of them stated that relaxation is a technique that aims to reduce tension or anxiety. Nurses could give the patient more time, and their tasks in the programs were to measure blood pressure, provide information, educate in self-measurement, give advice about diet, control the intake of medicine, control laboratory tests, encourage the patient, and be an interpreter for the physician. Psychological problems and side effects were observed by the nurse and reported to the physician. Patients with complications were managed by the physician.

## CONCLUSION

The finding reported that the nurses' knowledge regarding the management of hypertensive patients and knowledge on hypertension were very good ( $73 \%$ Vs $75 \%$ ). Nevertheless, the knowledge regarding nursing care for hypertensive patients was good ( $65 \%$ ). Sincere and more sustained efforts are required to increase the knowledge of staff nurses regarding the nursing care and management of hypertensive patients.

## RECOMMENDATIONS

Establishment a protocol concerning nursing care and management for hypertensive patients, training the nursing staff on this particular issue. Creating awareness and developing knowledge among the nurses in relation to hypertension is the key factor to plan for comprehensive nursing care for better prognosis of the patient and to reduce some problems and improve the quality of life of hypertensive patients. Overall the nurse's education should be increased.

## REFERENCES

1. World Health Organization. Global health risks: mortality and burden of disease attributable to selected major risks, 2009. Available at: https://apps.who.int/iris/handle/10665/44203.
2. Lewington S. Prospective studies collaboration. Age-specific relevance of usual blood pressure to vascular mortality: a meta-analysis of individual data for one million adults in 61 prospective studies. Lancet. 2002;360:1903-13.
3. Singer DR, Kite AK. Management of hypertension in peripheral arterial disease: does the choice of drugs matter?. Euro J Vasc Endovas Surg. 2008;35(6):701-8.
4. Gareth B, Gregory YHL, Eoin O. ABC of hypertension. The pathophysiology of hypertension. BMJ. 2001;322(7291):912-6.
5. Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, et al. Seventh report of the joint national committee on prevention, detection, evaluation, and treatment of high blood pressure. Joint National Committee Prevention. 2003;42(6):1206-52.
6. World Health Organization. Raised blood pressure. Global Health Observatory (GHO) data, 2014. Available at: https://www.who.int/gho/ned/risk_factors/blood_pressure_prevalence _text/en/.
7. Carretero OA, Oparil SO. Essential hypertension. Part I: definition and etiology. Circulation. 2000; 101(3):329-35.
8. Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, et al. Global burden of hypertension: analysis of worldwide data. Lancet. 2005; 365(9455):217-23.
9. El-Saharty S, Ahsan KZ, Koehlmoos TLP, Engelgau MM. Tackling non-communicable diseases in Bangladesh: now is the time. Washington DC: World Bank Publications; 2013:1-3.
10. Director General of Health Service (DGHS). MOHFW. Strategic plan for surveillance and prevention of Non-communicable Disease in Bangladesh 2007-2011; 2007:1-46.
11. Krishnan A, Garg R, Kahandaliyanage A. Hypertension in the South East Asia region. Regional Health Forum: WHO South East Asia Region. 2013:17(1):7-14.
12. Alwan A. Global status report on non-communicable diseases 2010. World Health Organization (WHO). 2011:9-31.
13. Ramsay JA, McKenzie JK, Fish DG. Physicians and nurse practitioners: do they provide equivalent health care? Am J Public Health. 1982; 72(1):55-7.
14. Watkins LO, Wagner EH. Nurse practitioner and physician adherence to standing orders criteria for consultation or referral. Am J Public Health. 1982; 72:22-9.
15. Cullen KJ, McCall MG, Stenhouse NS. Community control of hypertension. Aust N Z J Med. 1976; 6:403-6.
16. Abel E, Darby AL, Ramachandran R. Managing hypertension among veterans in an outpatient screening program. J Am Acad Nurse Pract. 1994;6(9):413-9.
17. Clark AB , Dunn M. A nurse clinician's role in the management of hypertension. Arch Intern Med. 1976; 136:903-4.
18. Fuchs Z, Viskoper JR, Drexler I, Nitzan H, Lubin F, Berlin S, et al. Comprehensive individualized non-pharmacological treatment programme for hypertension in physician-nurse clinics: two-year follow-up. J Hum Hypertens. 1993; 7:585-91.
19. Johnson R. Nurse practitioner-patient discourse: uncovering the voice of nursing in primary care practice. Sch Inq Nurs Pract. 1993; 7(3):143-57.
20. Hill MN, Reichgott MJ. Achievement of standards for quality care of hypertension by physicians and nurses. Clin Exper Hypertens. 1979:1(5):665-84.
