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# Nurse-Led Intervention On Knowledge of Hypertension Self-Care Management Among Retirees in A Selected Teaching Hospital in Lagos State

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**Abstract:**

Hypertension has a high morbidity and mortality and studies had revealed that knowledge on hypertension was generally low, and self-care management practice was just at moderate level. Therefore, this study assessed the effect of nurse-led intervention on knowledge of self-care management of hypertension among retirees attending geriatric clinic in LASUTH, Lagos State. One group pre-test, post-test quasi-experimental design was used for the study. A convenience sampling technique was used to select 100 participants for the study. Data were collected with the use of self-developed questionnaire which was used for both pre and post-intervention data collection. Face and content validity of the questionnaire were ensured by experts in the nursing science. Two hypotheses were tested using inferential statistics of paired t-test at 5% level of significance. The pre-intervention knowledge mean score of participants on the knowledge of hypertension was poor (mean = 7.37; 36.9%) while at post intervention was Good (mean = 15.91; 79.6%). Also, the pre-intervention knowledge of self-care management of hypertension mean score was fair (mean = 6.42; 40.1%) while at post intervention was good (mean = 12.60; 78.8%). The findings further showed there is a significant difference between the pre and post intervention knowledge of hypertension among retirees (Mean difference = 8.54,

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$t_{(180)}$ = 25.25, $p$ = .00). A significant difference was equally found between the pre and post intervention knowledge of self-care management of hypertension (Mean difference = 6.19, $t_{(180)}$ = 17.40, $p$ = .00). In conclusion the nurse-led intervention improved knowledge of hypertension and knowledge of self-care management among retirees attending geriatric clinic in LASUTH. It was recommended that patient's knowledge level regarding hypertension should be assessed, and proper education should be provided, and educational material should be given by the Nurses.

**Keywords:** Knowledge, Hypertension, LASUTH Retirees, Nurse-led training, Self-care management,

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## Introduction

Hypertension continues to be a significant global public health issue, recognised as the primary risk factor for cardiovascular morbidity and death (Ralapanawa et al., 2020; Abebe et al., 2018). It exacerbates arterial hardening, hence exposing persons to cardiovascular illnesses, peripheral vascular disorders, cerebrovascular accidents, cardiac failure, and renal failure. Hypertension is the most prevalent non-communicable illness globally, affecting all races with varying prevalence rates. Singh et al. (2018) elucidated that its incidence is rising in emerging nations, where the adoption of a Western lifestyle and the pressures of urbanisation are anticipated to exacerbate morbidity linked to bad habits. Singh et al. (2018) posited that hypertension causes health impairments, disabilities, and mortality in the global adult population. Mills et al. (2020) noted that estimations indicate 31.1% of individuals (1.39 billion) globally had hypertension in 2010. Tabrizi et al. (2018) indicated that the figure is projected to increase to 1.56 billion by 2025 without effective intervention programs. Hypertension is responsible for over 7.5 million fatalities and 57 million Disability-Adjusted Life Years (DALYs) worldwide, affecting every nation (WHO, 2018).

In the United States of America, around twenty-eight to thirty-one percent of individuals suffer with hypertension (Desai, 2020). Ninety to ninety-five percent of these group exhibit primary hypertension, characterised by elevated blood pressure of unknown origin. The remaining five to ten percent of this cohort exhibit secondary hypertension, which is elevated blood pressure attributable to an identifiable cause. In Ghana, research indicated a hypertension prevalence of forty percent among rural residents and between eight percent and thirteen percent in urban regions. They also indicated that in Nigeria, hypertension is the most prevalent non-communicable condition, with over 4.3 million individuals over the age of fifteen categorised as hypertensive. Elevated systolic blood pressure is the primary risk factor for mortality in Africa. In 2016, it caused over 900,000 fatalities, accounting for 10% of the continent's total mortality, and has risen by 82% since 1990 (Budd, 2021). It accounts for almost fifty percent of first-time acute strokes in Africa (Budd, 2021). It is a potentially alterable risk factor for dementia, a significant worry in Africa where ageing, stroke, and other cardiovascular disorders are increasing.

Nigeria considerably contributes to the prevalence of hypertension, estimated at 46% among those aged 25 years and older (Okwuonu, et al., 2014; Ekwunife, et al., 2018). Despite the availability of effective and safe antihypertensive medications and established treatment protocols, hypertension remains uncontrolled in a significant number of individuals globally. Current national guidelines for the prevention and management of hypertension underscore non-pharmacological interventions, sometimes referred to as "lifestyle modifications," which encompass self-care strategies. Nonetheless, there is a paucity of evidence about the understanding and implementation of self-care management among hypertensive patients in Nigeria's healthcare facilities (Abubakar et al., 2017). Consequently, inadequate awareness of self-care management and the incapacity to implement these practices were recognised as significant patient-related obstacles to hypertension treatment (Tesema et al., 2016). This disparity may also be ascribed to the nature of information or training provided to patients for self-care management. This study aims to enhance the understanding of self-care management in hypertensive patients, thereby influencing its implementation and so

decreasing mortality, comorbidities, and the economic burden associated with poorly managed hypertension in both patients and society.

Self-care behaviours are a vital and economical strategy for managing and preventing hypertension and its associated consequences. Management of hypertension include compliance with prescribed medication, consumption of a low-fat diet, daily physical activity, limitation of alcohol consumption, cessation of smoking, weight reduction, self-monitoring of blood pressure, routine health assessments, and stress reduction. Accurate blood pressure monitoring, lifestyle adjustments, and pharmacotherapy are crucial for the treatment of hypertension (Nduka et al., 2018). Lifestyle adjustments, including the reduction of sodium consumption, adherence to a nutritious diet, and enhancement of physical activity, have demonstrated efficacy in lowering blood pressure. The guidelines advocate for the use of antihypertensive agents, such as ACE inhibitors, ARBs, diuretics, and calcium channel blockers, in the treatment of hypertension. Utilising combination treatment with two or more pharmacological agents might be advantageous for attaining optimal blood pressure regulation (Nduka et al., 2018). It includes many approaches that emphasise appropriate drug utilisation, home monitoring, and lifestyle adjustments. Numerous research indicate that nurse-led interventions can markedly enhance patients' understanding and compliance with hypertension self-care management (Mwita et al., 2018; Park et al., 2019). Nurse-led treatments may encompass patient education, counselling, and follow-up appointments to encourage self-care practices. Hebert et al. (2018) Hypertension, being a chronic condition, requires ongoing management and regulation. It need both nursing assistance and patient self-care management.

A research conducted by Ozoemena et al. (2019) in Enugu State assessed the efficacy of health education interventions in enhancing awareness, preventive, and self-care habits related to hypertension among retirees. The findings revealed that over half (57%) of the 400 participants were hypertensive. Prior to the intervention, around 30% of respondents possessed sufficient information regarding hypertension; however, following the intervention, a notable enhancement in the mean knowledge score among participants was seen after one month of health education. This was accomplished by contrasting the pre-test results with the post-test scores. Hypertension was frequently underdiagnosed and inadequately managed, as a significant proportion (42%) of elderly hypertension individuals were oblivious to their disease and its severity, resulting in additional difficulties and non-compliance with pharmaceutical interventions and lifestyle changes. Following community interventions focused on blood pressure monitoring and teaching for older patients, a little enhancement in knowledge and comprehension of the problem was noted (Ojo et al., 2022).

The research conducted by Ozoemena et al. (2019) demonstrated that preventive and self-care measures, such as enhanced physical activity, quality sleep, reduced substance use, a nutritious diet, adherence to medication, and home blood pressure monitoring, were largely unfamiliar to the participants. However, following a month of culturally sensitive and systematically structured educational intervention, there was a notable improvement in self-care practices, resulting in decreased disability, morbidity, and mortality within the study population. In a separate research, the majority of participants, consisting of both males and females with a minimum of elementary education, lacked knowledge regarding blood

pressure measurement and the dietary choices necessary for health improvement prior to the implementation of an intervention. The intervention involved the installation of an e-Lifestyle app on mobile phones, followed by instructions on utilising the software to document blood pressure, weight, physical activity, sleep, mood, and more features. The application also included features such as risk assessment, warnings, personalised suggestions, and reminders depending on user input. Following the intervention, the respondents' knowledge significantly increased, with 97% being familiar with self-care methods for hypertension management (Ojo et al., 2022).

The respondent's understanding and capability of self-care for hypertension management were originally minimal. They had insufficient knowledge to manage their disease, relied significantly on family and friends for care, and had a diminished opinion of their competence to make educated health decisions. Three months post-intervention, they exhibited a moderate to high level of empowerment, possessed substantial information to effectively manage their blood pressure, demonstrated a sustained reduction in reliance on familial and social support, and experienced an enhanced perception of their capability and confidence in managing hypertension appropriately. Participants exhibited elevated scores across all fundamental self-care practices for hypertension management (Herbert et al., 2018).

However, the researcher observed high prevalence of high blood pressure among retirees. Hence, there is a need for this study on the effect of nurse-led training on self-care management of hypertension on retirees in Lagos state. The objective of this study was to assess the effect of nurse led intervention on knowledge of self-care management of hypertension among retirees attending geriatric clinic in LASUTH, Lagos State. The specific objectives were to:

1. determine the difference between the pre and post intervention knowledge of hypertension among retirees attending geriatric clinic in LASUTH.
2. determine the difference between the pre and post intervention knowledge of self-care management of hypertension among retirees attending geriatric clinic in LASUTH.

## Hypotheses

**Ho1**: There is no significant difference between the pre and post intervention knowledge of hypertension among retirees attending geriatric clinic in LASUTH.

**Ho2**: There is no significant difference between the pre and post intervention knowledge of self-care management of hypertension among retirees attending geriatric clinic in LASUTH.

## Methods

The study adopted a one-group pretest-posttest quasi-experimental research design. This design involved comparing participants before and after implementing an intervention. By collecting baseline data, researchers could infer that any differences observed in the posttest were likely due to the intervention rather than other extraneous variables. The research design was suitable for the study because it allowed for an assessment of the impact of the intervention on the knowledge of hypertension and self-care management among retirees receiving treatment at the Geriatric Clinic of the Lagos State University Teaching Hospital

(LASUTH). The study population consisted of 100 retirees receiving treatment at the clinic, out of which 91 participants completed the program. The target population included 133 retirees who had previously worked for Lagos State. The inclusion criteria comprised all retirees in Lagos State receiving treatment at the Geriatric Clinic of Family Medicine at LASUTH. Exclusion criteria included retirees with cognitive impairments, global or expressive amnesia, or those whose conditions were too severe for participation or informed consent.

The sample size was determined using Leslie Kish's (1965) formula, ensuring adequate representation. The calculation resulted in a total sample size of 100 participants. A convenience sampling technique was employed due to the limited number of primary data sources (retirees) available for the study. This method was appropriate as it ensured that only those who met the eligibility criteria and were available at the time of the study were included. The study utilised two research instruments: a self-report questionnaire (SRQ) and a test paper on hypertension knowledge and self-care management of blood pressure. The questionnaire was divided into sections, with Section A capturing demographic data such as age, gender, marital status, cadre, years in service, and professional qualifications. Section B contained multiple-choice questions designed to assess knowledge of hypertension, self-care management, and complication prevention. Responses were categorised into three levels: good knowledge, average knowledge, and poor knowledge.

To ensure the validity of the research instrument, face and content validity were established through expert review by the researcher's supervisor and other nursing professionals. The questionnaire was scrutinised and modified according to their recommendations. Reliability testing was conducted with 20 elderly patients aged 60 and above receiving treatment at the Geriatric Clinic and Family Medicine at LASUTH. A section-by-section reliability test yielded Cronbach's alpha values of 0.891 for knowledge of hypertension and 0.788 for knowledge of self-care management, indicating good reliability. Data collection was conducted in three phases: pre-intervention, intervention, and post-intervention. During the pre-intervention phase, participants were introduced to the study, informed about its objectives, and assured of confidentiality. The intervention phase lasted for three weeks and included training sessions on hypertension knowledge, self-maintenance of blood pressure, and complication prevention. The post-intervention phase, conducted in the sixth week, involved administering posttests to evaluate participants' knowledge gains.

Data analysis was carried out using the Statistical Product and Service Solutions (SPSS) software, version 24. The questionnaire responses were checked for completeness throughout the data collection process. Incomplete data were followed up where possible. Data were coded and entered into SPSS for analysis. Descriptive statistics such as frequency, percentages, and mean were used to analyse research questions, while inferential statistics, specifically the T-test, were employed to test research hypotheses at a 0.05 significance level.

## Results

**Table 1: Participants' Socio-demographic Data**

| Variables | | N = 91 | |
|---|---|---|---|
| | | Frequency | Percentage (%) |
| **Age** | 56-60yrs | 32 | 35.2 |
| | 61-65yrs | 43 | 47.3 |
| | 66yrs above | 16 | 17.6 |
| **Marital Status** | Married | 84 | 92.3 |
| | Single | - | - |
| | Widowed | 2 | 2.2 |
| | Divorced | 5 | 5.5 |
| **Level of Education** | ND | 24 | 26.4 |
| | HND/Degree | 35 | 38.5 |
| | Masters | 16 | 17.6 |
| | Others | 11 | 12.1 |
| **Religion** | Christianity | 67 | 73.6 |
| | Islam | 23 | 25.3 |
| | Traditionalist | 1 | 1.1 |
| **Gender** | Male | 31 | 34.1 |
| | Female | 60 | 65.9 |
| **Current job** | Engaged | 3 | 3.3 |
| | Not engaged | 17 | 18.7 |
| | Self-employed | 69 | 75.8 |

The findings from Table 1 revealed that majority 43 (47.3%) of the participants aged between 61 and 65 years. The marital status of the participants shows that 84 (92.3%) were married. It was observed that majority had HND/Degree; 67 (73.6%) were Christians, more than half of the participants (65.9%) were females. Their current job shows that 69 (75.8%) of the participants were self-employed, 17 (18.7%) were not engaged at all while 3 (3.3%) were engaged in another job.

**Table 2: Summary of Pre and post intervention knowledge of hypertension among retirees**

| knowledge of hypertension | Category of scores | Pre-intervention | | Post-intervention | |
|---|---|---|---|---|---|
| | | F | % | F | % |
| Low | 1-7 | 43 | 47.3 | - | - |
| Average | 8-14 | 48 | 52.7 | 22 | 24.2 |

| | | | | | |
|---|---|---|---|---|---|
| High | 15-20 | - | - | 69 | 75.8 |
| Total | | 91 | 100.0 | 91 | 100.0 |
| Minimum score | | 3.00 | | 8.00 | |
| Maximum score | | 14.00 | | 20.00 | |
| Mean (%), Std. Dev. | | 7.37 (36.9); 2.24 | | 15.91(79.6); 2.32 | |

Results from Table 2 shows the pre and post intervention knowledge mean score of participants on hypertension. At the pre intervention 48 (52.7%) participants had average knowledge mean score and 43 (47.3%) had knowledge mean scores at low level on hypertension. At the post intervention stage, 69 (75.8%) had knowledge mean score at high level and 22 (24.2%) had knowledge that was at average level. It was equally revealed that the pre-intervention knowledge mean score of participants on the knowledge of hypertension was 7.37 (36.9%) and that of post-test was 15.91 (79.6%). It could be said from the outcome of this findings that the pre-intervention knowledge mean score of participants on the knowledge of hypertension was poor while at post intervention, it was good.

**Table 3: Summary of Pre and post intervention knowledge of self-care management of hypertension.**

| **Knowledge about self-care management of hypertension** | **Category of scores** | | | **Experimental** | |
|---|---|---|---|---|---|
| | | **F** | **%** | **F** | **%** |
| Low | 1-5 | 25 | 27.5 | - | - |
| Average | 6-10 | 62 | 68.1 | 13 | 14.3 |
| High | 11-16 | 4 | 4.4 | 78 | 85.7 |
| Total | | 91 | 100.0 | 91 | 100.0 |
| Minimum score | | 1.00 | | 7.00 | |
| Maximum score | | 12.00 | | 20.00 | |
| Mean (%) | | 6.42 (40.1); 2.58 | | 12.60 (78.8); 2.21 | |

Results from Table 3 shows the pre and post intervention mean score of participants on the knowledge of self-care management of hypertension among retirees attending geriatric clinic in LASUTH. At the pre intervention 62 (68.1%) participants had average mean score knowledge about self-care management of hypertension, 25 (27.5%) had knowledge mean scores at poor and 4 (4.4%) had knowledge about self-care managements of hypertension at Good. At the post intervention stage, 78 (85.7%) had knowledge about self-care management of hypertension mean score at Good and 13 (14.3%) had knowledge about self-care management of hypertension that was at average level. It was equally revealed that the pre-intervention knowledge about self-care management of hypertension mean score of participants was 6.42 (40.1%) and that of posttest was 12.60 (78.8%). It could be said from the outcome of these findings that the pre-intervention knowledge of self-care management of hypertension mean score was fair while at post intervention was good.

**Test of Hypotheses**

**Hypothesis 1:** There is no significant difference between the pre and post intervention knowledge of hypertension

**Table 4: Independent t-test to show the difference between the pre and post intervention knowledge of hypertension among retirees**

| | N | Mean | Std. Deviation | Std. Error Mean | Df | T | Mean diff | *P* value |
|---|---|---|---|---|---|---|---|---|
| Pre-intervention | 91 | 7.374 | 2.239 | .235 | | | | |
| Post intervention | 91 | 15.912 | 2.322 | .243 | 180 | 25.249 | 8.54 | .000 |

Table 4 presents the result of hypothesis one postulated in this study. It is indicated that there is a significant difference between the pre and post intervention knowledge of hypertension among retirees in Lagos state (Mean difference = 8.54, $t_{(180)}$ = 25.249, $p$ = .000). Going through the pre intervention knowledge mean score of hypertension, one can say that there is a significant difference between pre intervention (N = 91, Mean = 7.374, Std. dev. = 2.239) and the post intervention (N = 91, Mean = 15.912, Std. dev. = 2.322). Based on this, the earlier set hypothesis cannot be accepted. Therefore, there is a significant difference between the pre and post intervention knowledge of hypertension among retirees.

**Hypothesis 2:** **T**here is no significant difference between the pre and post intervention knowledge of self-care management of hypertension among retirees attending geriatric clinic in LASUTH

**Table 5: Independent t-test to show the difference between the pre and post intervention knowledge of self-care management of hypertension**

| | N | Mean | Std. Deviation | Std. Error Mean | df | T | Mean diff | *P* value |
|---|---|---|---|---|---|---|---|---|
| Pre Intervention | 91 | 6.418 | 2.578 | .270 | | | | |
| Post Intervention | 91 | 12.604 | 2.205 | .231 | 180 | 17.396 | 6.186 | .000 |

Table 5 presents the result of hypothesis two postulated in this study. It is indicated that there is a significant difference between the pre and post intervention knowledge about self-care management of hypertension among retirees in Lagos state (Mean difference = 6.186, $t_{(180)}$ = 17.396, $p$ = .000). Going through the pre intervention knowledge about self-care management of hypertension mean scores, one can say that there is a significant difference between pre intervention (N = 91, Mean = 6.418, Std. dev. = 2.578) and the post intervention (N = 91, Mean = 12.604, Std. dev. = 2.205). Based on this, the earlier set hypothesis cannot be accepted. Therefore, there is a significant difference between the pre and post intervention knowledge of self-care management of hypertension among retirees attending geriatric clinic in LASUTH.

**Discussion of Findings**

The findings of this study revealed that majority of the participants aged between 61 and 65 years, married, Christians, and were females. This result is similar to that of Ozoemena et al. (2019) in a study carried out in Enugu State to determine the effectiveness of health education intervention in improving hypertension knowledge, prevention and self-care practices among retirees, more than half of their participants were females, married, aged 61 years above and retired from active service.

The study findings revealed a significant difference between the pre and post intervention knowledge of hypertension among retirees in Geriatric clinic of Lasuth, Lagos state. Therefore, the difference observed between the pre and post intervention mean score on knowledge of hypertension among participants did not occur by chance but due to the educational intervention the participants were exposed to at the intervention level. It can be deduced that increased knowledge about the disease promotes the compliance of the patient with prescribed medications. This result is in tandem with the findings of Tadesse and Gerensea (2021) that the use of adherence interventions, such as patient education and counselling on how to self-monitor blood pressure, and lifestyle modification interventions, such as exercise, weight reduction and healthy diet. Therefore, the blood pressure control strategy should keep in mind that, in addition to prescribing appropriate anti-hypertension medicines, they need to include educational resources that help patients overcome individual challenges.

This study showed that there is a significant difference between the pre and post intervention knowledge about self-care management of hypertension among retirees in Lagos state. This study shares similarities with the research conducted by Abubakar et al. (2017) in which hypertensive patients who received education from traditional clergy demonstrated improved self-care practices compared to those who had low literacy skills. These findings align with previous studies conducted in various settings, which have identified limited education and low health literacy as risk factors contributing to non-adherence to recommended hypertension self-care practices (Abubakar et al., 2017). It could be deduced that possessing nurse-based training could enable the patient to understand and follow the recommended self-care practices. This implies the need to design an educational intervention convenient for those who cannot read and write.

**Conclusion**

Information, Education and Communication package regarding controlling blood pressure was given to assess its effectiveness among the patients with primary hypertension. The post test score of knowledge and knowledge about self-care management of hypertension were highly significant when compared to pretest score using the t-test. Thus, the present study shows that the nurse led training was effective in improving the knowledge and knowledge on the self-care management of hypertension among retirees in Lagos State, Nigeria. It is therefore concluded that the information on nurse-led education regarding hypertension knowledge and management helped to promote better understanding and effective management of blood pressure by the respondents.

**Recommendations**

The following are hereby recommended:

1. An educational intervention on self-care management of hypertension is necessary for patients in the Geriatric clinic.
2. It is advised that in-service training be provided for nurses to improve their services. This will also enhance the nurses' knowledge, enabling them to assist their patients more effectively.
3. Emphasis must be placed on motivational counselling for geriatric individuals on self-care and blood pressure management.
4. It is advised to provide information, education, and communication for self-care management of hypertension.

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