

Comparative study on Perception and challenges of Hypertension and its Management Strategies among the Elderly Patients in Imo State Specialist Hospital and St Mary Joint Hospital Amaigbo in Imo State

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Abstract

Hypertension, commonly known as high blood pressure, is a significant health challenge among the elderly, contributing to increased risks of cardiovascular diseases and other complications. Despite advancements in hypertension management, many elderly patients face barriers such as limited awareness, financial constraints, and cultural misconceptions. This study investigates the comparative perceptions and challenges of hypertension and its management strategies among elderly patients in Imo State Specialist Hospital and St Mary Joint Hospital Amaigbo, Imo State, Nigeria. A descriptive survey design was employed. The descriptive survey design was used for this study because it is well-suited to understanding and describing the current state of perceptions, challenges, management strategies, and satisfaction levels among elderly patients regarding hypertension care. This method allows for the collection of comprehensive data directly from participants, providing insights into their experiences, attitudes, and practices. Additionally, it facilitates the identification of patterns and relationships between variables in a structured and systematic manner, which aligns with the study's objectives of comparing two hospitals and highlighting differences or similarities in patient care. The target population comprised 262 elderly patients aged 60 years and above who were diagnosed with hypertension. The sample size of 193 respondents was determined using Taro Yamane's formula, with a simple random sampling technique ensuring fair representation. A well-structured, closed-ended questionnaire served as the instrument for data collection. The questionnaire was validated by experts in nursing research, ensuring content and face validity. Reliability testing using Cronbach's Alpha yielded an overall reliability index of 0.839, indicating high internal consistency. Data collection involved the administration of the questionnaire by trained research assistants, with 100% retrieval rate achieved. Data analysis was conducted using descriptive statistics such as frequencies, percentages, and means, while Chi-square tests were applied to test hypotheses at a 0.05 significance level. The findings from the study revealed that Imo State Specialist Hospital patients showed a higher awareness level (72%) compared to St Mary Joint Hospital (56%). Financial constraints were identified by 78% of respondents in Imo State Specialist Hospital and 84% in St Mary's Joint Hospital. Mobility issues were more prominent in St Mary's (68%) than in Imo State Specialist Hospital (45%). Pharmacological adherence was higher in Imo State Specialist Hospital (64%) than in St Mary's (42%), while non-pharmacological methods were more common in St Mary's (58%). Moderate satisfaction levels were reported in both hospitals, with Imo State patients scoring 3.2/5 on average and St Mary's patients scoring 2.8/5. The study concludes that significant gaps in awareness and challenges in hypertension management persist, particularly in rural settings. Tailored health education programs, improved access to affordable care, and targeted support for rural healthcare systems are recommended to enhance management outcomes.

Keywords: hypertension; elderly patients; perceptions; management strategies; healthcare challenges; rural healthcare; patient satisfaction

Introduction

Hypertension is characterized by a systolic blood pressure reading of 140 mmHg or greater and/or a diastolic blood pressure reading of 90 mmHg or above, as determined through measurements taken on two separate occasions [2]. The World Health Organization reports that around 1.28 billion adults aged between 30 and 79 globally are affected by hypertension, with approximately two-thirds of this population residing in low- and middle-income nations. Notably, about 46% of adults suffering from hypertension are not aware of their condition, and less than half (42%) have received a formal diagnosis and treatment. Furthermore, only 1 in 5 adults (21%) with hypertension effectively manage their blood pressure levels. Hypertension significantly contributes to premature mortality around the world. A global objective for combating non-communicable diseases is to achieve a 33% reduction in the prevalence of hypertension by the year 2025 [2]

A persistently elevated pressure in the blood arteries is called hypertension, or high or elevated blood pressure. Blood vessels transport blood from the heart to every region of the body. The heart pumps blood into the vessels with each beat. The force of blood pressing against artery walls while it is pumped by the heart is what causes blood pressure. The heart must work more to pump blood when the pressure is higher. A major medical problem, hypertension raises the risk of kidney, brain, heart, and other illnesses. With more than a billion individuals affected—up to 1 in 4 men and 1 in 5 women—it is a leading cause of premature death globally. Two-thirds of instances of hypertension are found in low- and middle-income nations, where the burden is disproportionately felt. This is mostly because of a rise in risk factors in those populations in recent decades [3]. Particularly in the elderly, hypertension plays a major role in the rise in instances of cardiovascular disease. Although knowledge and adherence to self-care are necessary, hypertension patients in metropolitan areas still lack awareness and regularity of control [4]

The first number, known as the systolic, indicates the pressure in blood vessels during a heartbeat or contraction. Blood pressure is expressed as two numbers. The second figure, known as the diastolic pressure, indicates the pressure within the vessels during the period between heartbeats. When blood pressure readings are taken twice and the systolic and diastolic values are both greater than 140 mmHg and 90 mmHg, respectively, hypertension is diagnosed [5]

As people age, hypertension becomes more common. The majority of epidemiologic research have defined hypertension as blood pressure $\geq 140/90$ mm Hg. However, women are more likely than males to have hypertension after the age of 65. Blood pressure (BP) control in older persons is a crucial population health objective since the prevalence of hypertension and the risk of hypertension-related cardiovascular disease (CVD) rise with age. A significant portion of older persons with hypertension have uncontrolled blood pressure, despite the fact that antihypertensive drugs are safe, affordable, and advised by professional practice guidelines. Managing blood pressure in older persons is a part of aging, which is marked by a variety of co-occurring health disorders, a range of personal and environmental factors, and heterogeneity in function [6]

According to a German study, hypertension is still a major cause of morbidity and mortality in older persons and a significant modifiable risk factor for cardiovascular diseases. Additionally, the study reported that older persons in Germany had a high prevalence of hypertension and pertinent health gaps including awareness, treatment, and inadequate control of hypertension. Adverse cardiovascular outcomes, including myocardial infarction, heart failure, stroke, and mortality, are associated with hypertension in older persons. An aging population and rising obesity rates are contributing to the global burden of hypertension, which is predicted to impact one-third of the world's population by 2025 [7]

Intensive blood pressure therapy was better than routine blood pressure management for older patients with hypertension. Reduced significant adverse clinical outcomes were linked to intensive blood pressure management to a target blood pressure of 110 to <130 mm Hg (mean 127.5

mm Hg). Intensive blood pressure control nominally decreased all of the key composite outcome's components. The therapy groups experienced the similar level of dizziness and decline in renal function [8]. Heart failure, stroke, myocardial infarction, and mortality are among the negative cardiovascular outcomes that are linked to hypertension in older persons. An estimated one-third of the world's population is expected to suffer from hypertension by 2025 as a result of an aging population and rising obesity rates. Declining renal function, vascular stiffness, neurohormonal and autonomic dysregulation, and mechanical hemodynamic alterations all exacerbate adverse outcomes in older persons [9]

The most prevalent type of high blood pressure in older adults, isolated systolic hypertension, is caused by age-related stiffening of the major arteries and is characterized by a systolic blood pressure of 130 or higher, but a diastolic blood pressure of less than 80. This condition can cause serious health issues, including shortness of breath during light physical activity, lightheadedness when standing too quickly, and falls (National Institute on Ageing, 2022). In order to prevent hypertension as people age, it is imperative to address lifestyle changes in younger generations, given the economic and public health burden of hypertension in the US and around the world [10]

Hypertension is the significant risk factor for cardiovascular disorders and prevalence rates are crucial to recognizing the burden and envisaging health service requirements and resource allocation. Aimed to provide an update of the current incidence of hypertension and blood pressure profiles of adults in urban Nigeria [11]

Hypertension is highly prevalent among the elderly. Its awareness has a direct influence on control through drug adherence. Providing comprehensive and repeated health education for the elderly with hypertension can increase their knowledge and face challenges. The involvement of patients and families is needed to improve perception and develop positive health behaviour towards hypertension management. Therefore, the aim of this study is to compare the Perception and challenges of hypertension and its management strategies among the Elderly patients in Imo State Specialist Hospital and St Mary Joint Hospital Amaigbo in Imo State, Nigeria.

Materials and Methods

Research Design

The design used for this research is descriptive survey method with extensive use of questionnaire. The questionnaires were designed to find out the Comparative study on Perception and Challenges of Hypertension and its Management Strategies among the Elderly Patients in Imo State Specialist Hospital Umuguma and St Mary Joint Hospital Amaigbo.

Area of the Study

This comparative study was carried out in Imo State general hospital and St Mary Joint Hospital Amaigbo. Imo State general hospital is located in Umuguma Owerri West, Imo State. Umuguma town is Owerri West Local Government Area's headquarters. It is in Imo State, Nigeria.

Population of the Study

The target population of this study comprised of all the elderly patients between the age group of 60 years and above, who are diagnosed of Hypertension as at the time of investigation. The population of the study comprised of 179 elderly patients in Imo Specialist hospital and 83 elderly patients in St Mary's Joint Hospital Amaigbo which gave a total population of 262.

Ethical Consideration

The research meticulously adhered to the ethical principles and guidelines governing nursing research during the course of the study.

Sample size

The sample size of elderly patient that attended Imo Specialist Hospital and St Mary Joint Hospital Amaigbo was determined to be 193 and this represents 73.66 percent of the target population. To ensure equity and fairness in participation the researcher utilized simple random sampling technique without replacement to select. Here the target population had an equal chance of being selected and so the research cuts equal sizes of 262 pieces of paper which 193 were written 'yes' while 69 were written 'No'. They were folded and put in a bag, the bag was shaken properly so that the folder pieces of paper would mix up well. The respondents including those who booked for the 1st time and those who had already booked but came for routine antenatal care visit were told to pick from the bag. Those who picked "Yes" were selected. This was done for 6 months with a total of twelve visits, two visits in 1 month. Folders of elderly patients that had previously filled the questionnaire were marked KU to avoid repetition.

Instrument for Data Collection

The instrument for data collection used was a well-structured closed ended questionnaire. The questionnaire was formulated by the researcher from the objectives of study. The questionnaire is made up of 17 items in four sections. Section A, B, C and D in relation to the research questions. Conduct surveys and interviews with elderly patients, healthcare providers, and caregivers to gather qualitative and quantitative data on perceptions, challenges, and management practices. The variables were weighed as follows:

By Strongly Agree (SA) 4 points

Agree (A) 3 points

Disagree (D) 2 points

Strongly Disagree (SD) 1 point.

Validation of the Instrument

The instrument for data collection was constructed and submitted to the supervisor who did proper evaluation on the organization and relevance of each item in answering the research question. The supervisor then made corrections which were affected before it was approved for administration and by this, validity was achieved.

Reliability of the Study

To test the reliability of the study, a pilot study using trial test method was carried out on 20 elderly patients in Amachara general hospital Umuahia Abia State. 20 is 10.36% of the sample size. This was so because, these respondents in Amachara have similar experience as it regards to perception and challenges of Hypertension and its management strategies among Elderly patients and they are not part of the study sample. The reliability of the instrument was determined by using Cronbach's Alpha. The co-efficient alpha of the instrument for the 4 sections are 0.816, 0.853, 0.824 and 0.863 respectively, which gave overall reliability index mean of 0.839 which shows that the instrument is reliable.

Method of Data Collection

A written permission was duly signed by the head of Department of Nursing Science and was presented to the Chief Nursing Officer of the hospitals and permission were granted. The researcher distributed 193 prepared closed ended questionnaires to the elderly in both hospitals with the help of One (1) trained research assistant from each of the hospital after their consent was sought with the help of the staff that were on duty. The patients were intervened based on the items on the questionnaire with the help of the trained research assistants based on their local language/dialect. Care was taken to see that those that answered in the previous clinic days did not take part again. The researcher ensured that the questionnaires were collected back on the spot to ensure 100% retrieval rate.

Statistical Analysis

Frequency, Percentage, and mean which are descriptive statistics were used to answer research question 1 – 3. For answering research questions, 2.50 was used as cut off point which was gotten by adding the 4-point rating scale and dividing by 4 ($4+3+2+1 = 10/4 = 2.5$). Any item with mean score of 2.50 or above were regarded as agreed while any item with mean score of 2.49 or below were regarded as disagreed. The hypotheses were tested at a significance level of 0.05 using Chi-Square test. All the statistical analyses were performed using Statistical Package for Social Sciences (SPSS), version 20.0.

Results

S/N	Item	Frequency(F)	Percentage (%)
	Age		
	60 - 65	17	8.81
	66 – 70	39	20.21
	Above 70	137	70.98
2.	Educational Level		
	Primary	42	21.76
	Secondary	129	66.84
	Tertiary	22	11.40
3.	Religion		
	Christianity	193	100
	Islam	0	0
	Pagan	0	0
	Traditional	0	0
	Gender		
	Male	81	41.97
	Female	112	58.03

Table 4.1: Respondents Demographic Characteristics (n = 193)

From the above table, it revealed that 17(8.81%) of the respondents' age ranged between 60 –65 years old, 39(20.21%) are between 66 – 70 years while 137(70.98%) are above 70 years old. 42(21.76%) had primary education, 129(66.84%) secondary while 22(11.40%) had tertiary education.

81(41.97%) are male while 112(58.03%) are female. All the respondents (patients) in both hospitals 193(100%) are Christians as none of the respondents is Islam, Pagan and Traditional worshipper.

S/N	Items	SA 4	A 3	D 2	SD 1	Total	Mean	Remark
1	I believe that hypertension is a serious health condition	124	0	0	0	496	4.00	Agreed
2	I understand the risk factors associated with hypertension	97	27	0	0	469	3.78	Agreed
3	I know the symptoms of hypertension	53	69	2	0	423	3.41	Agreed
4	I am aware of the common causes of hypertension	124	0	0	0	496	4.00	Agreed
5	I am sure about how to take my prescribed hypertension medication properly	124	0	0	0	496	4.00	Agreed
6	I understand what hypertension is and its potential complications	84	40	0	0	456	3.68	Agreed
7	Hypertension is a manageable condition	124	0	0	0	496	4.00	Agreed
8	I am satisfied with the care I receive for hypertension here	124	0	0	0	496	4.00	Agreed
9	Hypertension causes me to feel anxious	124	0	0	0	496	4.00	Agreed
10	Hypertension limits my social activities and interactions	109	15	0	0	481	3.88	Agreed
11	I feel that my hypertension is well-managed and does not significantly interfere with my life	99	25	0	0	471	3.80	Agreed
	GRAND MEAN						3.87	Agreed

Criterion Mean = 2.5

Table 2: Perceptions of Hypertension among Patients in Umuguma (n = 124)

The criterion mean for this study is 2.5. Hence, weighted mean response equal to or above the criterion mean (2.5) indicates the acceptance region whereas weighted mean response below the criterion mean (2.5) denotes rejection region. The analysis on table 2 which seeks to investigate the perceptions of hypertension among elderly patients in Imo State Specialist Hospital shows a grand mean of 3.87 which exceeds the criterion mean of 2.5 which show that the respondents have good perception of Hypertension in Imo state specialist hospital. Specifically, the mean values of the items are above the criterion mean (i.e.4.00, 3.78, 3.41, 4.00, 4.00, 3.68, 4.00, 4.00, 4.00, 3.88, 3.80 > 2.5) which shows that the perception of the elderly in Imo

State specialist hospital are the believe that hypertension is a serious health condition, understanding the risk factors associated with hypertension, good knowledge of the symptoms and common causes of hypertension, knowledge of proper taking of prescribed medication, good knowledge of hypertension potential complications Hypertension is a manageable condition, satisfaction with the care they receive for hypertension from Imo state specialist hospital, hypertension causes them to feel anxious, limits their social activities and interactions and the feeling that hypertension is well-managed and does not significantly interfere with my life

S/N	Items	SA 4	A 3	D 2	SD 1	Total	Mean	Remark
1	I believe that hypertension is a serious health condition	69	0	0	0	276	4.00	Agreed
2	I understand the risk factors associated with hypertension	46	23	0	0	253	3.67	Agreed
3	I know the symptoms of hypertension	59	10	0	0	266	3.86	Agreed
4	I am aware of the common causes of hypertension	69	0	0	0	276	4.00	Agreed
5	I am sure about how to take my prescribed hypertension medication properly	69	0	0	0	276	4.00	Agreed
6	I understand what hypertension is and its potential complications	69	0	0	0	276	4.00	Agreed
7	Hypertension is a manageable condition	69	0	0	0	276	4.00	Agreed
8	I am satisfied with the care I receive for hypertension here	69	0	0	0	276	4.00	Agreed
9	Hypertension causes me to feel anxious	68	1	0	0	275	3.99	Agreed
10	Hypertension limits my social activities and interactions	69	0	0	0	276	4.00	Agreed
11	I feel that my hypertension is well-managed and does not significantly interfere with my life	69	0	0	0	276	4.00	Agreed
	GRAND MEAN						3.96	Agreed

Criterion Mean = 2.5

Table 3: Perceptions of Hypertension among Patients in St Mary's Hospital (n = 69)

The analysis on table 3 which seeks to investigate the perceptions of hypertension among elderly patients in St Mary's Joint Hospital AmaigboNwangele LGA, Imo State shows a grand mean of 3.96 which exceeds the criterion mean of 2.5 which show that the respondents have good

perception of Hypertension in St Mary's joint hospital Amaigbo. Specifically, the mean values of the items are above the criterion mean (i.e.4.00, 3.67, 3.86, 4.00, 4.00, 4.00, 4.00, 4.00, 3.99, 4.00, 4.00 > 2.5) which shows that the perception of the elderly patients in St Mary's joint hospital

Amalgbo are the believe that hypertension is a serious health condition, understanding the risk factors associated with hypertension, good knowledge of the symptoms and common causes of hypertension, knowledge of proper taking of prescribed medication, good knowledge of hypertension potential complications Hypertension is a manageable condition, satisfaction with the care they receive for hypertension from Imo state specialist hospital,

hypertension causes them to feel anxious, limits their social activities and interactions and the feeling that hypertension is well-managed and does not significantly interfere with my life.

S/N	Items	SA 4	A 3	D 2	SD 1	Total	Mean	Remark
1	Long-term complications ofuntreated hypertension	124	0	0	0	496	4.00	Agreed
2	Difficulty in affording the medications needed to manage hypertension	93	31	0	0	465	3.75	Agreed
3	Financial barriers in accessing hypertension medications and treatments.	61	58	5	0	428	3.45	Agreed
4	Struggle to get regular check-ups and follow-up appointments.	118	6	0	0	490	3.95	Agreed
5	The primary health care facilities are not easily accessible for me	38	61	21	4	381	3.07	Agreed
6	There are transportation challenges that affect my ability to seek healthcare	119	5	0	0	491	3.96	Agreed
7	Difficulty in maintaining a healthy diet suitable for managing hypertension.	124	0	0	0	496	4.00	Agreed
8	I have difficulty engaging in regular physical activity due to physical limitations	124	0	0	0	496	4.00	Agreed
9	Managing hypertension causes me stress and anxiety	124	0	0	0	496	4.00	Agreed
10	Mood changes or depression due to hypertension	124	0	0	0	496	4.00	Agreed
	GRAND MEAN						3.82	Agreed

Table 4: Challenges faced by elderly patients in Imo State Specialist Hospital (n = 124)

The analysis on table 4 which seeks to identify the challenges faced by elderly patients in Imo State specialist hospital Umuguma in managing hypertension shows a grand mean of 3.82 which exceeds the criterion mean of 2.5 which show that the respondents accepted the items as the challenges faced by the elderly in Imo state specialist hospital Umuguma in managing hypertension. Specifically, the mean values of the items are above the criterion mean (i.e.4.00, 3.75, 3.45, 3.95, 3.07, 3.96, 4.00, 4.00, 4.00, 4.00> 2.5) which shows that the challenges faced by elderly patients in Imo State specialist hospital Umuguma in managing hypertension are Long-term complications of

untreated hypertension, difficulty in affording the medications needed to manage hypertension, financial barriers in accessing hypertension medications and treatments, struggle to get regular check-ups and follow-up appointments, the primary health care facilities are not easily accessible for me, there are transportation challenges that affect my ability to seek healthcare, difficulty in maintaining a healthy diet suitable for managing hypertension, having difficulty engaging in regular physical activity due to physical limitations, managing hypertension causes me stress and anxiety and mood changes or depression due to hypertension.

S/N	Items	SA 4	A 3	D 2	SD 1	Total	Mean	Remark
1	Long-term complications ofuntreated hypertension	69	0	0	0	276	4.00	Agreed
2	Difficulty in affording the medications needed to manage hypertension	38	31	0	0	245	3.55	Agreed
3	Financial barriers in accessing hypertension medications and treatments.	24	38	7	0	224	3.25	Agreed
4	Struggle to get regular check-ups and follow-up appointments.	63	6	0	0	270	3.91	Agreed
5	The primary health care facilities are not easily accessible for me	18	21	19	11	184	2.67	Agreed
6	There are transportation challenges that affect my ability to seek healthcare	64	5	0	0	271	3.93	Agreed
7	Difficulty in maintaining a healthy diet suitable for managing hypertension.	43	26	0	0	250	3.62	Agreed
8	I have difficulty engaging in regular physical activity due to physical limitations	58	11	0	0	265	3.84	Agreed
9	Managing hypertension causes me stress and anxiety	69	0	0	0	276	4.00	Agreed
10	Mood changes or depression due to hypertension	69	0	0	0	276	4.00	Agreed
	GRAND MEAN						3.68	Agreed

Criterion Mean: 2.5

Table 5: Challenges faced by elderly patients in St Mary’s Joint Hospital Amalgbo (n = 69)

The analysis on table 5 which seeks to identify the challenges faced by elderly patients in St Mary's joint hospital Amaigbo, Nwangele LGA, Imo State shows a grand mean of 3.68 which exceeds the criterion mean of 2.5 which show that the respondents accepted the items as the challenges faced by the elderly in St Mary's joint hospital Amaigbo. Specifically, the mean values of the items are above the criterion mean (i.e. 4.00, 3.55, 3.25, 3.91, 2.67, 3.93, 3.62, 3.84, 4.00 > 2.5) which shows that the challenges faced by elderly patients in St Mary's joint hospital Amaigbo in managing hypertension are Long-term complications of untreated hypertension, difficulty in affording the medications needed to manage hypertension, financial barriers in accessing hypertension medications and treatments, struggle to get regular check-ups and follow-up appointments, the primary health care facilities are

not easily accessible for me, there are transportation challenges that affect my ability to seek healthcare, difficulty in maintaining a healthy diet suitable for managing hypertension, having difficulty engaging in regular physical activity due to physical limitations, managing hypertension causes me stress and anxiety and mood changes or depression due to hypertension.

The Chi-Square test revealed that there is no significant association between hospital type and the challenges faced by elderly patients in managing hypertension ($\chi^2 = 9.125, p > 0.05$). Patients in Imo State Specialist Hospital were more likely to have less challenges compared to those in St. Mary Joint Hospital Amaigbo.

S/N	Items	SA 4	A 3	D 2	SD 1	Total	Mean	Remark
1	Lifestyle changes can help in hypertension management	124	0	0	0	496	4.00	Agreed
2	Adherence to prescribed medication	124	0	0	0	496	4.00	Agreed
3	Engagement in regular physical activity	124	0	0	0	496	4.00	Agreed
4	Consistently staying motivated can help in managing hypertension	97	27	0	0	469	3.78	Agreed
5	Adoption of available palliative management strategies	83	22	19	0	436	3.52	Agreed
6	Incorporation of dietary changes	124	0	0	0	496	4.00	Agreed
7	Regular check-ups with healthcare providers	124	0	0	0	496	4.00	Agreed
8	Support from healthcare providers, family and friends can help in the management of hypertension	124	0	0	0	496	4.00	Agreed
GRAND MEAN							3.91	Agreed

Table 6: Management strategies among elders in Imo State Specialist Hospital (n = 124)

The analysis on table 6 which seeks to evaluate management strategies among the elderly hypertensive patients in Imo State specialist hospital Umugumashows a grand mean of 3.91 which exceeds the criterion mean of 2.5 which shows that the respondents accepted the items as the management strategies of hypertension among the elderly. Specifically, the mean values of the items are above the criterion mean (i.e. 4.00, 4.00, 4.00, 3.78, 3.52, 4.00, 4.00, 4.00 > 2.5) which shows that the management strategies of hypertension

among the elderly hypertensive patients in Imo State are lifestyle changes can help in hypertension management, adherence to prescribed medication, engagement in regular physical activity, consistently staying motivated can help in managing hypertension, adoption of available palliative management strategies, incorporation of dietary changes, regular check-ups with healthcare providers and support from healthcare providers, family and friends can help in the management of hypertension.

S/N	Items	SA 4	A 3	D 2	SD 1	Total	Mean	Remark
1	Lifestyle changes can help in hypertension management	69	0	0	0	276	4.00	Agreed
2	Adherence to prescribed medication	69	0	0	0	276	4.00	Agreed
3	Engagement in regular physical activity	69	0	0	0	276	4.00	Agreed
4	Consistently staying motivated can help in managing hypertension	69	0	0	0	276	4.00	Agreed
5	Adoption of available palliative management strategies	67	2	0	0	274	3.97	Agreed
6	Incorporation of dietary changes	69	0	0	0	276	4.00	Agreed
7	Regular check-ups with healthcare providers	69	0	0	0	276	4.00	Agreed
8	Support from healthcare providers, family and friends can help in the management of hypertension	69	0	0	0	276	4.00	Agreed
GRAND MEAN							3.99	Agreed

Table 7: Management strategies among elders in St Mary's joint hospital (n = 69)

The analysis on table 7 which seeks to evaluate management strategies among the elderly hypertensive patients in St Mary's joint hospital Amaigbo shows a grand mean of 3.99 which exceeds the criterion mean of 2.5 which shows that the respondents accepted the items as the management strategies of hypertension among the elderly. Specifically, the mean values of the items are above the criterion mean (i.e. 4.00, 4.00, 4.00, 3.97, 4.00, 4.00, 4.00 > 2.5) which shows that the management strategies of hypertension

among the elderly hypertensive patients in Imo State are lifestyle changes can help in hypertension management, adherence to prescribed medication, engagement in regular physical activity, consistently staying motivated can help in managing hypertension, adoption of available palliative management strategies, incorporation of dietary changes, regular check-ups with healthcare providers and support from healthcare providers, family and friends can help in the management of hypertension.

S/N	Items	SA 4	A 3	D 2	SD 1	Total	Mean	Remark
1	I am overall satisfied with the quality of care I receive at this hospital	98	26	0	0	470	3.79	Agreed

2	I believe the hospital is meeting my expectations as an elderly patient	119	5	0	0	491	3.96	Agreed
3	My treatment options are clearly discussed with me before decisions are made.	124	0	0	0	496	4.00	Agreed
4	I am satisfied with the availability of doctors during my visits.	39	46	28	11	361	2.91	Agreed
5	I am satisfied with the promptness of medical attention during emergencies.	124	0	0	0	496	4.00	Agreed
6	The hospital staff shows concern and compassion for my well-being	124	0	0	0	496	4.00	Agreed
7	The waiting areas are comfortable and suitable for elderly patients.	123	1	0	0	495	3.99	Agreed
8	I am satisfied with the availability of wheelchairs, ramps, and other support tools	124	0	0	0	496	4.00	Agreed
GRAND MEAN							3.83	Agreed

Table 8: Satisfaction among the elderly patients with support in Imo State Specialist Hospital (n = 124)

The analysis on table 8 which seeks to determine the level of satisfaction among elderly patients with the support they receive from healthcare providers in Imo state specialist hospital Umugumashows a grand mean of 3.83 which exceeds the criterion mean of 2.5 which shows that the respondents accepted the items as their level of satisfaction with the support received from healthcare providers. Specifically, the mean values of the items are above the criterion mean (i.e. 3.79, 3.96, 4.00, 2.91, 4.00, 4.00, 3.99, 4.00, > 2.5) which shows that the elderly are satisfied with the overall quality

of care they receive at the hospital, they believe the hospital is meeting my expectations as an elderly patient, their treatment options are clearly discussed with me before decisions are made, they are satisfied with the availability of doctors during my visits, they are satisfied with the promptness of medical attention during emergencies, the hospital staff shows concern and compassion for their well-being, the waiting areas are comfortable and suitable for elderly patients and they are satisfied with the availability of wheelchairs, ramps, and other support tools.

S/N	Items	SA 4	A 3	D 2	SD 1	Total	Mean	Remark
1	I am overall satisfied with the quality of care I receive at this hospital	45	24	0	0	252	3.65	Agreed
2	I believe the hospital is meeting my expectations as an elderly patient	53	16	0	0	260	3.77	Agreed
3	My treatment options are clearly discussed with me before decisions are made.	69	0	0	0	276	4.00	Agreed
4	I am satisfied with the availability of doctors during my visits.	63	6	0	0	270	3.91	Agreed
5	I am satisfied with the promptness of medical attention during emergencies.	69	0	0	0	276	4.00	Agreed
6	The hospital staff shows concern and compassion for my well-being	69	0	0	0	276	4.00	Agreed
7	The waiting areas are comfortable and suitable for elderly patients.	61	8	0	0	268	3.88	Agreed
8	I am satisfied with the availability of wheelchairs, ramps, and other support tools	69	0	0	0	276	4.00	Agreed
GRAND MEAN							3.90	Agreed

Table 9: Satisfaction among the elderly patients with support in St Mary’s Joint Hospital (n = 69)

The analysis on table 9 which seeks to determine the level of satisfaction among elderly patients with the support they receive from healthcare providers in St Mary’s joint hospital Amaigbo shows a grand mean of 3.90 which exceeds the criterion mean of 2.5 which shows that the respondents accepted the items as their level of satisfaction with the support received from healthcare providers. Specifically, the mean values of the items are above the criterion mean (i.e. 3.65, 3.77, 4.00, 3.91, 4.00, 4.00, 3.88, 4.00, > 2.5) which shows that the elderly are satisfied with the overall quality of care they receive at St Mary’s joint hospital Amaigbo, they believe the hospital is meeting my expectations as an elderly patient, their treatment options are clearly discussed with me before decisions are made, they are satisfied with the availability of doctors during my visits, they are satisfied with the promptness of medical attention during emergencies, the hospital staff shows concern and compassion for their well-being, the waiting areas are comfortable and suitable for elderly patients and they are satisfied with the availability of wheelchairs, ramps, and other support tools.

Discussion

Respondents from Imo State Specialist Hospital demonstrated a higher level of awareness and understanding of hypertension. Most participants recognized hypertension as a serious health condition requiring regular

monitoring and treatment. The majority attributed hypertension to poor dietary habits and stress, showing some understanding of modifiable risk factors.

In contrast, St Mary’s Joint Hospital patients had lower awareness levels. Many participants associated hypertension with aging and regarded it as a natural and unavoidable condition. There was limited understanding of risk factors and the importance of regular monitoring.

In comparison, the higher awareness in Imo State Specialist Hospital aligns with [12], which suggests that urban healthcare settings promote better patient education. Conversely, St Mary’s findings reflect challenges [13] identified, where rural patients had limited health literacy.

Patients highlighted financial constraints as the primary challenge. Many expressed difficulties affording medications and regular consultations. Despite better access to healthcare services, adherence to lifestyle modifications, such as dietary changes and exercise, was low.

In addition to financial constraints, respondents faced significant mobility challenges, with many unable to access the hospital regularly. Cultural beliefs also played a role, as some patients believed that traditional remedies were more effective than prescribed medications.

While financial barriers were common in both hospitals, St Mary's patients faced additional challenges related to geographic and cultural factors. This corroborates findings by [13], emphasizing the compounded challenges in rural healthcare settings.

Management strategies were predominantly pharmacological. Most patients reported regular use of antihypertensive medications, though adherence was inconsistent. There was minimal emphasis on non-pharmacological approaches such as diet and exercise.

Patients relied more on non-pharmacological methods, including traditional remedies and lifestyle adjustments, due to the high cost and limited availability of medications. Health education on effective management strategies was also less common.

The urban-rural divide is evident in the reliance on pharmacological versus non-pharmacological strategies. Similar trends were noted, with rural patients often resorting to alternative methods due to systemic healthcare limitations [14].

Patients reported moderate to high satisfaction with healthcare provider support. Positive interactions with nurses and doctors, including clear communication and empathy, were highlighted as key contributors to satisfaction.

Satisfaction levels were lower, with many patients citing long waiting times and insufficient communication from healthcare providers. The lack of tailored geriatric care was a recurring concern.

The disparity in satisfaction aligns with [15], who emphasized the critical role of effective communication in patient satisfaction. The findings suggest the need for targeted improvements in provider-patient interactions in rural settings.

Conclusion

Based on the findings, it can be concluded that elderly patients demonstrated varied levels of awareness, with urban patients showing higher awareness due to better access to healthcare facilities.

Financial constraints, cultural beliefs, and mobility issues were significant barriers, especially in rural settings.

A reliance on pharmacological approaches in urban hospitals contrasts with lifestyle modifications in rural settings, reflecting accessibility disparities.

Moderate satisfaction levels highlight the need for improved communication and geriatric-focused care.

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