



PARTICIPATION IN A GROUP AND QUALITY OF LIFE IN HYPERTENSIVE PERSPECTIVES

PARTICIPAÇÃO EM GRUPO E QUALIDADE DE VIDA NA PERSPECTIVA DE HIPERTENSOS PARTICIPACIÓN EN GRUPO Y CALIDAD DE VIDA EN LA PERSPECTIVA DE HIPERTENSOS

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ABSTRACT

Objective: to describe the perception of hypertension patients on the participation in a health promotion group and quality of life. **Methods:** descriptive study of qualitative approach, with 19 hypertensive members of a group of health promotion. The production data was performed using the focus group technique and individual interview, from June to September 2014. The data was subjected to content analysis technique. **Results:** The analysis of the reports resulted in the proposal of the categories << Reflexes participation in health promotion groups in the lives of hypertensives >> and << Perceptions of quality of life for hypertensives participating in health promotion groups >>. **Conclusion:** participating in health promotion groups helps to improve various aspects of the life of patients with hypertension. **Descriptors:** Health Promotion; Quality of Life; Group Structure; Hypertension; Health Education.

RESUMO

Objetivo: descrever a percepção de portadores de hipertensão arterial sobre participação em grupo de promoção da saúde e qualidade de vida. **Método:** estudo descritivo e exploratório, de abordagem qualitativa, com 19 hipertensos integrantes de um grupo de promoção da saúde. A produção de dados foi realizada por meio da técnica de grupo focal e entrevista individual, nos meses de junho a setembro de 2014. Os dados foram submetidos à técnica de Análise de Conteúdo. **Resultados:** a análise dos depoimentos resultou na proposição das categorias << Reflexos da participação em grupo de promoção da saúde na vida dos hipertensos >> e << Percepções de qualidade de vida para hipertensos que participam de grupo de promoção da saúde >>. **Conclusão:** participar de grupo de promoção da saúde contribui para melhorar diversos aspectos da vida dos portadores de hipertensão arterial. **Descritores:** Promoção da Saúde; Qualidade de Vida; Estrutura de Grupo; Hipertensão; Educação em Saúde.

RESUMEN

Objetivo: describir la percepción de portadores de hipertensión arterial sobre participación en grupo de promoción de salud y calidad de vida. **Método:** estudio descriptivo y exploratorio, de abordaje cualitativa, con 19 hipertensos integrantes de un grupo de promoción de la salud. La producción de datos fue realizada por medio de técnica de grupo focal y entrevista individual, en los meses de junio a septiembre de 2014. Los datos fueron sometidos a la técnica de Análisis de Contenido. **Resultados:** el análisis de los testimonios resultó en la proposición de las categorías << Reflejos de la participación en grupo de promoción de la salud en la vida de los hipertensos >> y << Percepciones de calidad de vida para hipertensos que participan de grupo de promoción de la salud >>. **Conclusión:** participar de grupo de promoción de la salud contribuye para mejorar diversos aspectos de la vida de los portadores de hipertensión arterial. **Descriptores:** Promoción de la Salud; Calidad de Vida; Estructura de Grupo; Hipertensión; Educación en Salud.

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INTRODUCTION

The Non Transmittable Chronic Diseases (NCDs) configure themselves in health problems that have a negative effect on the lives of their patients, confirming high rates of mortality, loss in quality of life and the emergence of physical disabilities.^{1,2}

The NCDs are among the leading causes of death in Brazil² and in the world.¹ Research analyzed 23 countries and revealed that NCDs accounted for 64% of deaths from 2009 to 2010, and 47% occurred in people under 70 years of age.³

Although NCDs reverberate negatively in various aspects of their patient's lives, effective actions for prevention and control of these diseases are still incipient and are configured as a challenge for governments and health services.^{1,2}

In this scenario, arterial hypertension, a health problem which occupies a prominent place among the NCDs, is one of the main risk factors for cardiovascular disease and affects more than one billion people worldwide and can lead to death and increasing the costs of health systems.¹

In a home-based epidemiological survey, representative for Brazil, 60,202 adults were interviewed and the prevalence of self-reported hypertension was 21.4%. The results indicate a high number of individuals with this disease, especially among those over 60 years of age, low education, living in urban areas and in southeastern countries.⁴

It is valid to point out that the presence of hypertension involves physical and psychosocial consequences to its bearer. The management of health problems, the presence of symptoms and changes in the daily routine of hypertensive individuals can negatively influence their quality of life.⁵ Therefore, it is important for health professionals to implement activities aimed at the prevention of this condition and encourage treatment adherence among hypertensive subjects, avoiding complications⁶ and losses in quality of life.⁷⁻⁸

Please note that adherence to treatment of hypertension is favored by the customer's effective participation in the development of the treatment plan. In this way it is essential for the health professional, recognizing hypertension as an active subject, wrap it in with decision making and co blame it for their health and disease process, not limiting themselves to mere follower of recommendations.⁹⁻¹⁰ This perspective highlights group care as a resource to assist individuals with high blood pressure, since it

sets up an important strategy for working on health education for patients with chronic diseases,¹¹ especially to contribute to changes in lifestyle and learning.¹²

The group service has been widely used by health teams to assist their customers, whether sick or healthy, hospitalized or in outpatient clinics, and has shown satisfactory results, such as collective construction of knowledge and reflection on the reality experienced by people.¹³⁻¹⁴

Considering the service group as a mobilizing and individual empowerment tool in relation to their health and disease processes,¹⁵ the following questions guided the development of this study: *Does participating in health promotion groups interfere in any aspect of life of patients with hypertension? Are hypertensive health promotion groups of participants satisfied with their quality of life?*

Given the bio-psychosocial impact of hypertension in the life of its bearer,⁷ it is expected that the results of this research contribute to strengthening educational practices that aim towards social participation, subject empowerment to regarding your health and maintaining a quality of life. It is expected, also, that it will corroborate in the Implementation of care groups by health professionals, especially those working in primary care, aimed at protecting and promoting the health of individuals with hypertension.

♦ Theoretical basis: using the group service for health care

The group service sets up an important resource for education and promotion of health.¹⁶ It is incorporated into the list of procedures recommended by the Ministry of Health to meet the population's needs in primary care, especially to collaborate to expand the understanding of the individual over the health process and disease and thus facilitates changes in life habits that are a risk to health.^{2,16}

The group setting allows the discussion of various issues, including related diseases and treatments. However, it is essential that this activity is not limited to biologicist aspects,¹¹⁻¹² since the disease does not inhabit an only biological material body, but the body of a being who expresses, in its biological materiality, sensitive dimension that qualifies them as human.¹⁷

In this sense it is emphasized that to make more assertive use of the group is important knowledge about group dynamics, i.e. the nature of the group, the individual-group

relationship and group-society and its functioning - resistance to change, communication, creativity, leadership, roles assumed by its members, among other characteristics.¹⁸

A group has structures, goals and own relationships with other groups. Its essence is not the similarity or difference between its members, but the interdependency between them. Any individual that integrates a group influences it and this is why they are strongly influenced.¹⁸

When conducted properly, the group service facilitates the collective construction of knowledge and reflection about the reality experienced by its members and can set up in potentiating tools promoting the health of their members.¹³

From this perspective it is important that health professionals understand that for a group of people to become, in fact, a group, it is necessary that they see themselves in pursuit of common goals and there, among them authentic psychological interrelation.^{13,18}

Given the above, it is clear that the group care can provide a variety of benefits to hypertensives.¹¹ But when not developed with all its transforming potential, with emphasis only on the aspects related to the disease, it is a mere technicalities care strategy and, isolated and de-contextualized techniques can cause unfavorable situations.¹³

OBJETIVES

- To describe the perception of hypertension patients on participation in health promotion groups and quality of life.

MÉTHOD

A descriptive study of a qualitative approach, carried out with hypertensive patients who participate in a health promotion group linked to a Basic Health Unit located in Palmas, Tocantins, Brazil.

Considering that it is not enough just to bring together a number of subjects to become an actual group,¹⁸ in this research care was taken to investigate hypertensive participants of a group that offers basic assumptions of group dynamics. Thus the health promotion research group has existed for over 10 years; the participation of its members is not subject to the availability of medical consultations, medicines or others; there is an ongoing process of reciprocity between its participants and building authentic interpersonal relationships.

Currently the health promotion group is coordinated by a doctor and a nurse, and the activities are directed to the needs of its members. The meetings take place once a week, last about three hours and have regular participation of 30 people. The majority, in addition to having hypertension, have other chronic illnesses such as diabetes and osteoarthritis.

For data collection, in this study, we used a socio-demographic questionnaire, applied through individual interviews and focus group technique.

The use of the focus group was given because it allows the revelation of the meanings that express the point of view of who was researched.¹⁹ Thus, to meet the objectives of this study the following guiding questions were used during the meetings of the focus group: *Talk about meaning of the group for your life; What do you consider quality of life? Talk about your quality of life? Talk about situations that may interfere with your quality of life.*

The data were produced from June to September 2014, in two stages. At first, hypertensives were invited by telephone to participate in the research. Those who agreed, received a home visit to implement the data collection instrument.

In the second stage hypertensive patients participated in a focus group meeting conducted in the same place where the group usually is, the hall of a church located near the Basic Health Unit. The session was recorded on digital media and coordinated by two researchers. A third researcher played the role of an observer and held session recording, which lasted two hours, in a field diary.

The data collected during individual interviews were used to characterize the subjects participating in this study. The recording of the focus group was transcribed and subjected to content analysis, through pre-analysis (exploration of the material by thorough and comprehensive reading of the transcripts, seeking to systematize the initial ideas), material exploration (aggregation of ideas already systemized in units that allowed content description) and treatment of results and interpretations (writing texts according to the analysis of the contents of the categories training and context thereof).²⁰

Hypertensive patients who participated in the health promotion group were included in this study, conducted by the investigated Basic Health Unit, for at least six months. hypertensives who did not participate regularly in the group were excluded, at least two monthly attendances, and not found in

their homes, for the application of data collection instruments, after at least three attempts.

19 hypertensive patients participated in this study and to present the results, they were represented by the letter "H" and alpha numeric systems (H1, H2 etc) in order to preserve the identity and avoid exposure and embarrassment.

This research had the project approved by the Ethics Committee for Research with Human Beings of the Federal University of Tocantins (CAAE 25866614.5.0000.5516), and met the guidelines of Resolution 466 of 2012.

RESULTS

♦ Characterization of hypertensive participants in the health promotion group

The age of hypertensives ranged from 55 to 75 years. Most were female (13; 68%) had completed high school (8; 42%), home (14; 74%), did not live alone (18; 95%) were single (11; 58 %) and received retirement (16; 84%). The monthly family income ranged from 1 to 5 minimum wages.

In hypertension, 11 (58%) had other (s) health issue (s) such as osteoporosis and osteoarthritis. 12 (63%) respondents reported having other cardiovascular risk factors, the most frequent, type 2 diabetes (7, 37%), dyslipidemia (5; 26%) and obesity (5; 26%).

♦ Quality of life and participation in health promotion groups

The analysis of the reports of the participants of this investigation resulted in the proposal of the "Reflections of participation in health promotion groups in the lives of the hypertensive" and "quality of life Perceptions for hypertensive patients who participate in health promotion groups", which show the importance of groups and educational activities to promote and protect the health of hypertensive patients, and for socialization and empowerment of the individual in relation to their health and maintaining quality of life.

♦ Reflexes participation in health promotion groups in the life of hypertensives

In general, the statements reveal that participating in the health promotion groups is configured as something pleasant that is incorporated into the routine life of hypertensive patients, making it essential for these people:

We do not see it here as an obligation, like work, no. It is a joy, a good thing, I feel welcome

to the group. We do walk, we do a job at the center, it makes us glad (H5).

Our group is the best. I did not fail any day. Only if I can't walk (H9).

I'm sorry the day I do not come, because I know I missed something good to take home (H15).

Through the statement below you can see that, often, the group represents a unique opportunity for social participation and leisure for hypertensive patients:

When I do not come over here, we do not go out. After many years of work, now that I know many people here in the group (H6).

Still, many participants believe that the group promotes the strength to live and stay active, as illustrated by the following lines:

We try to live here. We seek to live and rejoice in the experience of the others (H2).

I feel alive in this group. I feel alive, cheerful, pleased (H4). And today I give thanks to God for this group that has improved my life. If it was not this group, I think I would have already made the trip (H6).

There was, in the words of hypertensive patients, the existence of cohesion among the participants of the health promotion group. The sense of belonging and integration of these people make the group represent a new entity, a large family:

When we find such an environment, we sit down and know that beside us we have a brother, a sister, we fully trust (H2).

It is a happy family. We are a happy family here (H3).

Because I have many problems, but the problems come here, it seems that everything disappears, right? Then we become a living spirit, right? I need this a lot. This here, for me, is like a home (H4).

It is important to note that some hypertensives participate in the group for years. The latest member has a year of participation. It is suggested that the long stay in the group may have favored the interaction and building links between these people.

Moreover, the fact that the group coordination implements activities directed to the demands of the group itself may also have contributed to the sense of belonging and group cohesion.

♦ Quality of life perceptions for hypertensive patients who participate in health promotion group

17 (90%) hypertensives reported that hypertension and treatment "absolutely does not" affect their quality of life. It was noted that, for many, quality of life is associated with having a healthy lifestyle,

especially good nutrition, as shown in the following lines:

You go on a diet, you walk behind in quality of life. It is at a quality of life level, and that level you get to create others, and rising higher and higher, which is a better quality of life level for you (H2).

No sense in buying a bread roll if you can eat a Cherry Tomato, right? Oh those things that we have to do better, right? (H3).

Reports reveal empowerment of individuals in relation to the search for quality of life. Hypertensive respondents perceive it as each individual's responsibility, and the actions taken or not to collaborate daily at your fingertips:

Quality of life, in my view, you choose. You have the right to choose your quality of life (H1).

Now quality of life, we have to go after it, right? Make our quality of life. I have to look for something for me, that I can do (H5).

Note that the perception of quality of life for hypertensive respondents, involves various aspects of life of these subjects, encompassing human experiences and not only the fact of having or not having health:

Quality of life, in my view, are the good things that pass me by. That you enjoy (H2).

It is living with friends, living in a group like ours. This is quality of life (H3).

Participation in health promotion groups was referred to as something that contributes to a better quality of life and the subject of empowerment in relation to their health and disease process:

Here, the group only gives us quality of life. It helps us all. It teaches how it is. We learn how to live, how to deal with things, how to deal with the disease, because it is not a disease, but it's something you have in your whole lifetime (H3).

Knowing that every Wednesday I have these, people to guide you to your health and how to live well (H11).

The interviews show that you can live with chronic disease such as hypertension, and have quality of life. Despite the changes in lifestyle necessary due to the presence of the disease, you can enjoy pleasant moments, such as the coexistence between friends during the activities of the health promotion groups.

DISCUSSION

The incidence of hypertension in the population global level is notorious.¹ In this scenario it is important to understand that, in addition to biological impacts, this health problem also interferes with various psychosocial aspects of the life of its carrier.²¹

As noted in this study, the subject who experiences the situation of living with high blood pressure needs emotional, informational and instrumental support, as this can help them live better and lead the treatment of the disease.²²

From this perspective the contribution of educational interventions to assist the hypertensive patients is evident, especially by promoting the construction of knowledge and sense of responsibility to properly follow the treatment.²³

Studies show that the group services configure as an efficient strategy for the implementation of educational activities and health promotion to patients with chronic diseases.^{11,23} They suggest that they join groups, as well as providing a space for socializing, sharing experiences and information exchange, it also favors major improvements and changes in the lives of its members, such as increased self-esteem, personal development, adoption of a healthy lifestyle^{14,16} and adherence to treatment.²³ These aspects were highlighted by the subjects of this study, as benefits from the participation in the health promotion groups.

Hypertensive respondents also highlighted as a positive point of the health promotion group, is the fact that it works as a family, where there is trust and respect for diversity. This situation confirms the desire to be in the group, sense of belonging, willingness to learn and group cohesion.¹³

The group cohesion is represented by the attraction members feel toward their group and the other members. In a cohesive group participants accept each other, are supportive and are prone to form authentic and meaningful relationships in the group. The group cohesion favors self-revelation, acceptance and support, and facilitating the participation of members in the activities of their own group.²⁴

Besides cohesion, learning was also cited as an important benefit of participation in the health promotion group, by the hypertensive respondents. It happened due to the interaction between group members, as well as the instructions given by the coordinators (nurse and doctor).

In contrast, research has revealed that among hypertensive patients there is low prevalence of adequate knowledge about hypertension. Considering the importance of carrier autonomy in monitoring of blood pressure and continuity of treatment to control blood pressure, these findings have relevance in the field of public health, since they point to the need for interdisciplinary

action programs and actions to control arterial hypertension.²⁵

It is noteworthy that the group membership favors the acquisition of knowledge and information on health and many other issues. It is noted also that the acquired learning in the group context may extend beyond the group, as each participant becomes a multiplier of the knowledge acquired in the group environment. This situation contributes to the member of the group feeling useful and valued, reflecting that it improved their self-esteem.¹⁴

A survey found that hypertensive participants in health promotion groups had knowledge regarding hypertension, signs and symptoms, as well as pharmacological and non pharmacological treatments.^{10,26} It is perceived that participation in groups favor the empowerment of people in relation to the health and disease process as it provides the co-responsibility of the individual in relation to their treatment.^{23,27} These findings corroborate the reports of hypertensive patients who participated in this study.

The group also established itself as an alternative for people to resume social roles and / or other free time occupation activities, such as physical activity, leisure, cultural and care of the body and mind.^{14,16} In this research we realized that it is known that in addition to space for socialization and establishment of emotional bonds, often the group is the only leisure opportunity for hypertensives.

The group space enables the establishment of new channels of communication and provides changes in behavior, especially in the circle of friends of these people, which is expanded, helping to break situations of loneliness.¹³⁻⁴ In addition, participation in group favors the experience a state of wholeness and well-being that allows strengthening of the existential sense, helping individuals to realize the future as history under construction;^{14,16} also stimulates changes in the perception of reality, allowing the meeting and the appreciation of good points in everyday experiences. This process can awaken the hypertensive to the importance of caring for their health and not "cultivating" the disease and negative feelings.²⁷ It is interesting to point out that, according to testimonies of the participants of this research, integrating that the health promotion group provides the strength to keep them alive. This finding reinforces the importance of health professionals implementing the group care as a resource to meet the bio-psychosocial needs of the hypertensive.

In this study respondents reported that they need the health promotion group, because when they participate in group activities their problems disappear, there is sense of well being and satisfaction. It is noticed that the group care may represent remedy that goes beyond physical healing, but that enables the mental, social and spiritual healing as possible to establish bonds of friendship, distraction, learning, support¹⁴ and improved quality of life.²⁸

Group assistance must be seen by the health care professional as a tool that can contribute significantly to improving the quality of life of people facing difficult situations, but to do so, it is highly recommended that the professional watch out for issues related to planning, structure and coordination in the group, in order to properly use the benefits of this strategy and minimizing the occurrence of negative situations.¹³

Therefore, it is necessary to break the biologicist and imposing models in the group environment. It is noteworthy that medical discourse can reach the user as an affront to their life story. Knowledge is rooted in our being through feelings, because much of what we know and we believe we have been taught by an unexpressed, silent and mute pedagogy. Still, one must understand that the user is attached to your way of eating and living. Severing this implies reframe their existence.²¹

In this scenario, the coordinator should be aware of the risk, to want to encourage the adoption of healthy lifestyle habits, keep a prescriptive and behaviorist line, little attuned to the philosophical and conceptual framework of health promotion. Without realizing it, they can often invade the privacy of the individual or disregard cultural aspects. In this sense, the coordinators have to deal with the cultural aspects differently, not ignoring the technical knowledge, but also respecting the local culture, combining both in their activities so that you can, in fact, have a joint construction of knowledge.¹⁷

It is clear, then, that coordinating groups is not easy and requires several skills of health professionals, especially in regard to effective communication, listening, being continent, having empathy, patience and, above all, believing in the group as a resource for assistance in health.¹³ In this study the testimony of hypertension suggests that the group acts coordination in order to strengthen the group, creating group setting appropriate learning and building and maintaining emotional ties.

As evidenced by the study participants, researchers also indicate participating in groups can improve the quality of life, because it interferes positively in physical, mental and social aspects of peoples lives.^{13,28-29}

It is important to point out that living with hypertension is not alone, a depressant factor in quality of life,⁸ and dissatisfaction with health does not necessarily represent dissatisfaction with the quality of life. Even people with several co morbidities can express positive perceptions regarding the quality of life,³⁰ as can be seen among the hypertensive in this research.

In addition to participating in educational activities, it is clear that many hypertensives also associated healthy lifestyle habits to good quality of life. The do not make use of cigarettes, do not abuse alcohol and physical activities are factors that facilitate self-care and control of hypertension, corroborating towards a better quality of life and less consequences of disease.²⁹

The need for health professionals to dispense time in activities aimed at quality guidelines to hypertensive patients is observed, aiming at proper management of the treatment, prevention aggravations²⁵ and the empowerment of the individual in relation to their health and quality of life.²³

CONCLUSION

We conclude that the health promotion group set up a network of support for hypertensives. For them the group is a family place where they feel welcomed, safe and find the strength to stay alive.

It is observed that, when conducted in order to meet the demands of its members, the group care can provide many benefits to people such as better adaptation to chronic condition, adoption of therapeutic regimens, knowledge related to disease, space for socializing and also may favor the construction of a link between the community and health professionals.

Participating in group activities of health promotion seems to support better understanding of health and the disease process, because, as evidenced in this research, helps individuals to find new coping strategies and to live with their limitations.

In this study, the hypertensives associated quality of life to have healthy habits, indicating that participants in the health promotion group have knowledge related to disease management and disease prevention,

and empowerment in relation to its role in maintaining good health.

Even affected by high blood pressure, almost all of the interviewees said they did not feel the influence of this health problem in their quality of life, which proves that the quality of life encompasses various human experiences and not just the situation of having or not having health.

Limitations of this study are related to the inability to generalize and to establish causal factors.

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