

Counselling Patients with Hypertension at Health Centres - a Nursing Perspective

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- I** Drevenhorn, E., Håkansson, A., & Petersson, K. (2001). Counseling hypertensive patients – An observational study. *Clinical Nursing Research*, 10(4), 369-386.
- II** Drevenhorn, E., Kjellgren, K. I., & Bengtson, A. Following a programme in hypertension care. (in press, *Journal of Clinical Nursing*)
- III** Drevenhorn, E., Bengtson, A., Allen, J., Säljö, R., & Kjellgren, K. I. Counselling on lifestyle factors in hypertension care after training on the stages of change model. (in press, *European Journal of Cardiovascular Nursing*)
- IV** Drevenhorn, E., Bengtson, A., Allen, J., Säljö, R., & Kjellgren, K. I. Patient centredness in counselling hypertensive patients after counselling training for nurses: a content analysis. (submitted)

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ABSTRACT

Counselling in hypertension care relating to lifestyle changes, i.e. non-pharmacological treatment regarding smoking, alcohol, weight, diet, physical activity and stress, aims to reduce complications such as stroke and myocardial infarction. Many patients have several risk factors to deal with. There are few studies of nursing in hypertension care in Sweden and this issue therefore needs to be investigated in greater detail.

The aims of this thesis were to analyse the communication between patients and nurses about lifestyle changes in hypertension care at health centres and to evaluate the effects of nursing interventions. In the first study, the Nurse Practitioner Rating Form was used to explore what 21 randomised public-health nurses discussed with hypertensive patients and their communication. In the second study, variables from 100 patients were collected to explore the effectiveness of using a hypertension nursing programme at a nurse-led clinic. The third study comprised consultation training for 19 randomised nurses, at nurse-led clinics in southern Sweden, with audio-recorded consultations with 36 patients before the training and 35 after the training. The recordings were analysed using content analysis.

The results reveal that non-pharmacological treatment was not provided to any great extent during visits for blood pressure measurement with public-health nurses at open hours, but a great deal of information and advice was provided. One significant correlation was, however, found. The more years the nurses had been working, the more likely it was that their health promotion was psychosocially oriented in the consultations. The patients and nurses generally met at an equal communication level in their conversations. Starting a nurse-led hypertension clinic following a hypertension nursing programme resulted in many medication adjustments when assessing the patients' treatment and blood pressure levels. The most positive changes were seen in blood pressure, blood lipids and exercise. Consultation training on the stages of change model and patient centredness resulted in the nurses acquiring a more distinct structure for their consultations and relevant information was supplied in a more individually adapted way. The number of words and turns increased in the consultations. The nurses paid attention to support more frequently, irrespective of the stage of behavioural change the patient had reached. Negotiations about reasons for and where to begin behavioural change increased in the consultations. A model for nurses counselling patients in hypertension care was suggested, applying Orem's self-care deficit theory of nursing.

It is concluded that public-health nurses in normal practice at health centres did not perform counselling on non-pharmacological treatment to any great extent. Applying a hypertension nursing programme resulted in positive changes in patients' blood pressure, blood lipids and exercise. After consultation training, the nurses acquired a more distinct structure for their counselling, with more words and turns, and negotiations about reasons for and where to begin behavioural change increased.

The results of this thesis could be of help when planning and starting nurse-led clinics in hypertension care and when developing a national hypertension nursing program. To improve the care for hypertensive patients it is suggested that nurses at nurse-led clinics should have the opportunity for recurrent counselling training and education in the cardiovascular area.

Keywords: Nursing, hypertension, counseling, lifestyle, health behavior, patient-centered care, stages of change model, motivational interviewing, self-care, patient compliance

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