

THE IMPLICATION OF SOCIAL SUPPORT IN THE LIVES OF PEOPLE WITH HYPERTENSION

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ABSTRACT

This study aimed to know the types of support offered by the network of social support and implications on hypertensive life. Qualitative study whose methodology was based on Grounded Theory. 35 people were interviewed between October 2008 and August 2010, 22 hypertensive compulsorily enrolled in HIPERDIA at a Health Unit in Belém / PA, 5 family members, 5 health professionals and 3 representatives of community institutions, referenced by hypertensive patients, as members of the network support. Data were subjected to coding procedures: analysis, comparison and categorization. The category "Identifying the types of social support offered to people in their living with hypertension" was the Intervening Condition of the Theory. The types of emotional, informational and instrumental support originated mainly from family relationships and may mean alternative treatments, featuring a care focused on people with hypertension and their network of relationships which requires attention from healthcare professionals, including nurses.

Descriptors: Social support. Chronic disease. Nursing. Hypertension.

RESUMO

Objetivou-se conhecer os tipos de apoio oferecidos pela rede de apoio social aos hipertensos e as implicações no viver. Estudo qualitativo cuja metodologia baseou-se na Teoria Fundamentada nos Dados. Foram entrevistadas 35 pessoas entre outubro de 2008 e agosto de 2010, sendo 22 hipertensas obrigatoriamente cadastradas no HIPERDIA numa Unidade de Saúde em Belém/PA, 5 familiares, 5 profissionais de saúde e 3 representantes de instituições da comunidade referenciados pelos hipertensos como integrantes da rede de apoio. Os dados foram submetidos aos procedimentos de codificação: análise, comparação e categorização. A categoria "Identificando os tipos de apoio social oferecidos às pessoas no seu viver com hipertensão arterial" foi a Condição Interventora da Teoria. Os tipos de apoio emocional, informacional e instrumental originaram-se principalmente das relações familiares e podem significar alternativas no tratamento, caracterizando um cuidado centrado no hipertenso e sua rede de relações, requerendo atenção dos profissionais de saúde, inclusive do enfermeiro.

Descritores: Apoio social. Doença crônica. Enfermagem. Hipertensão.

Título: A implicação do apoio social no viver de pessoas com hipertensão arterial.

RESUMEN

Objetiva conocer tipos de apoyo ofrecidos por la red de apoyo social a los hipertensos y las implicaciones en su vida. Estudio cualitativo basado en la Grounded Theory. 35 personas fueron entrevistadas entre octubre de 2008 y agosto de 2010, 22 hipertensos obligatoriamente inscrito en HIPERDIA en una Unidad de Salud en Belém/PA, 5 miembros de la familia, 5 profesionales de la salud y 3 representantes de instituciones comunitarias, referenciados por los hipertensos como miembros de la red de apoyo. Los datos fueron sometidos a procedimientos de codificación: análisis, comparación y categorización. La categoría "Identificación de tipos de apoyo social ofrecido a las personas en su vida con la hipertensión", fue la Condición Interventora de la Teoría. Los tipos de apoyo emocional, informativo e instrumental, se originaron principalmente de las relaciones familiares y pueden ser tratamiento alternativo, la atención centrada en el hipertenso y su red, requiriendo atención de los profesionales, incluyendo enfermeras.

Descriptores: Apoyo social. Enfermedad crónica. Enfermería. Hipertensión.

Título: Consecuencias de un apoyo social en el vivir personas con hipertensión.

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INTRODUCTION

The impact caused by hypertension to the patient and his/her family has been found to be an important aspect of care for both the patient and the health professional, since the disease impairs the quality of life of people, if not controlled, which is also associated to high costs to the health care system.

Data from the Brazilian Ministry of Health for the city of Belém, in 2009, revealed that there is a prevalence of hypertension of 16.2% in the male population and 21.1% in the female population⁽¹⁾. Regarding mortality by cardiovascular disease, problems of the circulatory system affect in average 24.4% of the population in the metropolitan region of Belém⁽²⁾.

Therefore, getting support to cope with a chronic condition has been a key strategy for treatment adherence. Studies show that people who receive greater social support have a better functional status and face this chronic condition more satisfactorily⁽³⁻⁶⁾. Thus, “[...] it is necessary to be aware of how people live, what resources are available to meet their needs and expectations regarding health care”⁽⁷⁾.

Network of social support, the focus of this study, is “[...] a set of beings with whom we interact on a regular basis, talk to, exchange signs that make us real”⁽⁸⁾. The network concerns the more personal dimension, the more direct support to help cope with a given condition. Social support, in turn, corresponds to interpersonal relationships in which the existence or availability of people to trust, demonstrate concern for others, value, communicate, help, assist with the available resources are always present and are considered intimate and social⁽⁹⁾.

Thus, it is understood that the social network of a hypertensive person can be a collaborative strategy to improve the quality of life⁽¹⁰⁾. Therefore, knowing the types of social support provided by the network will enable better care of these people.

The social interrelation allows the emergence of social support networks in the different setting of the person, generating benefits for those who support and those who are supported⁽⁹⁾. So, the

network of social support has its origin in the multiple aspects of people's lives in their various contexts, including health.

Researchers believe in the potential of social support as a component that helps reduce stress and favors the coping mechanisms of people with chronic diseases⁽⁵⁾. Other authors corroborate these ideas stating that social support encourages personal attitudes associated to health monitoring, information sharing and assistance in moments of crises, as well as health care in general⁽¹¹⁾.

Therefore the question is: what are the types of social support received by people with hypertension and what is the implication of this support on their lives? The research was aimed to identify the types of social support received by people with hypertension and the implications of this support on their lives.

This article is an excerpt of the Thesis entitled *Experiencing the social support network of people with hypertension in a community in the Amazon*^c.

METHOD

We conducted a qualitative study using as methodological reference the Grounded Theory, theory derived from systematically analyzed data. The method comprises a set of procedures whose main point is comparative analysis, a process central to the emergence of the theory⁽¹²⁾.

The study area was a local health unit (UMS) in the city of Belém do Pará. The subjects were 35 people, 22 with high blood pressure (hypertension) registered in the HIPERDIA (System of Registration and Monitoring of People with Hypertension and Diabetes) program; five family members and three representatives of other community institutions. In order to meet the requirements of the theoretical sampling constituted during the course of the process of data analysis, six groups were formed⁽¹²⁾. Initially, individuals with hypertension were invited to participate in the study, with registration at the HIPERDIA being an inclusion criterion. The subsequent participants were appointed by these individuals as part of their network of social support, or

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to confirm or refute the hypotheses arising in the analysis of the interviews, according to the method⁽¹²⁾. The following codes were created to identify the participants: P = person with hypertension; Fm = family member; G = groups, established as follows: P1G2 – first person with hypertension in group 1; Fm5G5 – fifth family members of group 5, etc.

Data collection was performed from October 2008 to August 2010. 49 in-depth interviews were conducted, since some participants were interviewed more than once. The interviews were recorded and then transcribed, later analyzed and coded. They were conducted after initial contact with people waiting for medical and nursing appointments. Some participants were interviewed in their residences or workplaces.

The initial questions posed to the people with hypertension were: How does it feel to live with hypertension? What changes occurred in your life? What do you have to do to treat the disease? Who helps you in your treatment? How do people help you? The questions posed to the members of the social network were: How do you see/perceive your participation in your family member/friend's hypertension treatment?; How does it feel to be part of this network of social support of your family member/friend and be referred by him/her as a member of this network? Some hypotheses emerged from the analysis of these and other questions arisen in the process of formation of new sampling groups, which indicated the need for more specific questions which allow a deeper understanding of the network of support.

Data analysis was performed using coding procedures: data analysis, comparison and categorization. The coding types were: open, axial and selective. The act of making comparisons generated categories, one of which is presented in this article: "Identifying the types of social support offered to people living with hypertension", this being considered intervening condition of the theory, according to the paradigmatic model on which the TFD relies⁽¹²⁾.

The ethical aspects were addressed by Resolution no 196/96, of the National Health Council⁽¹³⁾. Following approval of the Municipality of Belém, through the Municipal Department of Healthcare and Environment (SESMA) – Ordinance

no 432/2007, the project was submitted to the Ethics Committee on Human Research of the Universidade Federal de Santa Catarina, and obtained a favorable opinion through Certificate No ° 213 – Proceeding No 238/08. All participants signed the informed consent form, with the guarantee of confidentiality regarding their identity and the right at any time to withdraw from the research.

RESULTS AND DISCUSSION

The category "Identifying the types of social support offered to people living with hypertension" is supported by three subcategories on the types of support identified: emotional, informational and instrumental. All of them offered by the network of social support to people with hypertension.

We believe that the way a person lives with hypertension involves different support demands. This support occurs in different scenarios of interaction, in different ways and comes from different sources. In this context, the sources of social support were: the family members; the institutions (church, health unit); and the health professionals. In short, various members of a network of social support whose actions were perceived, whether or not they have interacted with each other.

The focus of the types of support offered concerns both demands from hypertension (diet; monitoring of blood pressure; medical appointment; physical activities; drug treatment; and prevention and control of complications) as for other types of demands that are part of the daily lives of these people and which may or may not be related to the chronicity of the disease (financial aid for medications and other items; accompany the person to the health services; help in household activities; guidance on disease).

Identifying the emotional support offered by the network of social support offered to people with hypertension

The emotional support shown here was characterized by several feelings, such as: affection, love, gratitude, recognition, sympathy, respect, concern and dedication. The various forms of emotional support offered by the members of the network

of social support were perceived by people with hypertension as a way to help them in everyday life, including in the treatment of disease.

Expressed by different feelings, the emotional support is mentioned by people as coming mainly from family members, especially children and grandchildren, brothers, sons in law and daughters in law:

Oh! I'm more than happy. Look, I think we complement each other. Have you ever thought about what happens when a mother does not have the support of a son or a daughter? She thinks that life has no meaning. Not me. Thank God [...] I have the love of my children [...] They care about me [...] I have a wonderful son, six wonderful grandchildren, I have a son in law that calls me mother, I have a daughter in law that is like a daughter. Isn't it a blessing? (P3G1).

The emotional support is also offered by other family members such as the partner, demonstrated by concern for disease control and health care. The reason for this concern is the affective relationship experienced. In their older age, people continue to cultivate feelings such as love, care and affection for their partners, despite conflicts and not very pleasant memories of the past:

Well, my support is to provide guidance on outpatient visits and on the times the medicines need to be taken [...] to remind her to take the medicines. [...] Ah! She is everything to me. I depend on her for everything. I can't live without her (Fm5G5).

I have a wife and children. By the way, my wife gives all the information about me to the doctor. [...] She does everything. [...] How do I feel? Oh, very well, thank God, she makes me very happy. Sometimes I cause her some trouble. [...] No use to remember the past because it is very heavy, isn't it? We get bored and it doesn't work [...] (P2G2).

The emotional support refers to relationships that connote a positive emotional attitude, empathy, stimulus and assistance. It is counting on the emotional response and willingness of the others. This type of support is a characteristic function of close friendships and family relationships⁽⁸⁾.

It can be seen that his type of support is not dependent on previous conflicts experienced, especially by married couples. At the time of illness, these issues are overcome and support is offered,

which is recognized and expressed by the other partner. But, in what concerns gender, women are more responsible for the care of others, a typically female trait. Overcome conflicts and caring is perceived as something that women are supposed to do. Some authors point out that these attitudes of women may be related to the fact that they often take care of their families to the detriment of themselves⁽¹¹⁾.

In general, regardless of who provides the care, the family is always a major source of support and safety for most people, since it is essential for the life and development of its components⁽¹⁴⁾, which directly influences the success of disease treatment⁽¹¹⁾.

Health professionals were also referred. People with hypertension who felt well cared for and respected by employees of the UMS revealed such support. Specifically, some participants considered the relationship with the physician an emotional support, reporting that talking to the doctor for some minutes was enough to make them feel better :

Well, in all my medical appointments the doctors looked happy and satisfied. Me too. I am always cheerful. I sometimes say to Dr.X: - Look, I didn't take the medicine, but your presence alone makes me feel better. She laughed a lot. [...] The other day I said to her: - Doctor, I don't know why, but sometimes I am sad, then I talk you and don't take the medicine and get better. She laughs (P4G2).

This relationship, which goes beyond the formality of clinical care, is consistent with what is proposed by the Ministry of Health regarding the Humanization of healthcare and, more specifically, with the tendency to an expanded practice. The expanded understanding of the health-sickness process aims to broaden the view of health professionals, so that besides their concern with organic pathologies of patients, they also consider their correlations with the driving forces in society (economic, cultural, ethnical) and affective relationships, among other aspects. Some suggestions made by the expanded practice include ability to listen, bonds, affection, dialogue and information⁽¹⁵⁾.

The emotional support also comes from religious groups who offer spiritual guidance to provide encouragement in difficult moments, e.g.

hypertension or any other disease, or else in other situations such as the death of family members. People perceive religion as a support to cope with the disease:

I have hypertension, I am sick . But I don't feel sick, you know why? I participate in a charismatic prayer group. Then I read the Bible frequently. I'm going to evangelize others on Monday. [...] It is here in the Church of Bom Remédio [community church]. [...] The prayer group helps me a lot. Everyone gets hurt. [...] I believe God helped me a lot at that time [she refers to the death of her mother] (P11G1).

Investigations related to the binomial religion and health have ethical and practical implications that should be addressed by health professionals and religious authorities. It is important to obtain a better understanding of the effects of this search for spiritual values on health, for it would strengthen the confidence of people in such values⁽¹⁶⁾, since for many individuals religiosity is conceived as part of the resolution of problems and not only as an avoidance strategy or to protect people⁽¹⁷⁾. In fact, people seek in religion the support, the understanding for the situation experienced, and, finally, the cure.

Identifying the informational support offered by the network of social support to people with hypertension

The informational support consists in receiving help in the form of advice, suggestions and guidance that may be used to deal with hypertension. This type of support, regarded as one of the functions of the network, involves interactions aimed to share personal or social information, as well as clarify expectations, among other functions⁽⁸⁾. This support is available when people seek information about the disease and treatment. The sources of information include neighbors, family members and health professionals, as well as the written and spoken media:

[...] I read a lot about it, [...] I take garlic in water. I've read several articles about it. They say it helps maintain normal blood pressure (P1G2).

[...] Look,, I believe may education level influences and helps me understand things. I completed high school. I watch reports with doctors on TV. I also read a lot

about it. I know I have knowledge on the subject.. I can understand things and clarify my doubts (P8G1).

Information on chronic diseases such as hypertension, among others, is widely disseminated through the media, and can be accessed by people in general.

Chronic diseases are closely related to the care provided by different social groups. In long-term illnesses the support is provided by groups with different practices and knowledge because of their different sociocultural formation. Therefore, the networks of support in a situation of chronic disease – family members, health professionals, neighbors, community – have different views and information that may overlap or oppose⁽⁶⁾.

In this exchange of information, the value of each experience must be referred to allow for the construction of knowledge, for the beliefs and values of everyone are the starting points in the learning-teaching processes⁽¹⁸⁾. Thus, to ensure a successful treatment of hypertensive individuals, their multiple aspects must be taken into consideration.

Identifying the instrumental support offered by the network of social support to people with hypertension

Instrumental support or material aid/services means specific collaboration of experts or physical assistance, including health services⁽⁸⁾.

In order to meet the needs of hypertensive people, several actions materialized the type of instrumental support, which can be of a financial nature (purchase of medicines, food, clothes and footwear; and payment of bills); of an operational nature (schedule examinations and medical appointments; taking and/or accompanying in medical appointments and examinations; help with household activities such as house cleaning, meal preparation, do the laundry, fix household items, care for pets, etc); and those related to health services (provide for medical and nursing consultations; arrange for clinical examinations and provide the medications).

Other types of instrumental support offered to people with hypertension and that were directly related to the disease were: acquire a sphygmomanometer; measure blood pressure; administer medication at the prescribed times or help the

person take the medicines; adhere to the diet of the person with hypertension and pay for the physical activities:

I have at home the equipment that my son gave to me [...] I have a daughter in law who learned to check blood pressure, and my 10-year-old grandson can also check the pressure (P6G1).

My granddaughter accompanied me in my medical appointment [...] My daughter helps me. She is my youngest child. [...] She does everything to me. She makes my coffee, gives me my medicine. She comes from her house. She lives near me. [...] The husband of my granddaughter helps me a lot. [...] He takes care of the whole house. He always asks me if I need something when I am in my bedroom (P4G2).

[...] Well, my sister sends me money for my medicine, and when I am in trouble she sends me money for other things without my asking. She sends me R.\$200, and if I need a larger amount, she sends me more money (P3G2).

As it can be seen in these reports, the family is in the center of care, and everything happens within the family relationships, i.e., non-professional care. In our opinion this is an attempt to stop individualized assistance and involve the family as an autonomous subject of production of care in these social relationships⁽¹⁹⁾. Some authors affirm that when the family embraces its role as caregiver there is a satisfactory response in disease control⁽¹¹⁾.

Researchers recommend that health professionals in their interactions with hypertensive patients take into consideration the environment of these patients, their community and their network of social relationships. Such complementary care systems that may be more or less close to each other, can and *should* be perceived by the professional. Based on the idea of this author, we can say that the care systems are the networks of support that involve people with hypertension⁽⁶⁾.

We believe that the types of support from the networks of social support may represent an alternative treatment for these people. "There is strong evidence that a personal, stable, sensitive, active and reliable network protects people from diseases, acts as a helper [...], accelerates recovery and increases survival rates"⁽²⁰⁾. Therefore, it is possible that this offer of support results in the production of health

for a good living, even for people with hypertension, leading to a better quality of life.

FINAL CONSIDERATIONS

Dealing with hypertension involves the support of the social network both for the hypertensive person, family members and health professionals. Therefore, the types of support offered by the several members of this network to hypertensive people help them live better and support them in the treatment of disease.

The types of support reported were: emotional, informational and instrumental. These types of support show the different perceptions and interactions established between the person with hypertension and the other members of the network of social support.

In these relationships, it has been found that the process of receiving and offering some type of support does not need to be requested by the person with hypertension. Also, there are no specific conditions to be met for his support. It is provided in many ways and in various contexts of the person's relationships.

In the present study, the family members were perceived as the most cited sources of support, particularly regarding emotional and instrumental support, and, thus, they are the most significant members of this network, and many times responsible for support in the treatment of disease. Concerning the participation of health professionals, the importance of adding care associated to emotional aspects has been demonstrated. We believe that health professionals, particularly nurses, have great potential to intervene for the balance of formal and informal care during treatment, providing support to the patients.

The implication of knowledge of the network of social support for nurse professionals consists in strengthening the relationship between the components of this network, since the nurse is a strategic element in the treatment of disease and in dealing with the situation imposed by its chronicity.

The types of support reported here may indicate a possible alternative for the treatment of those individuals, characterizing what can be a type of care focused on the sick person and their network of relationships, an event that requires careful attention of health professionals, including the nurse.

The perception of the person with hypertension, of what he/she assimilates, encodes and understands must be considered, respected and developed. The goal here is to generate behaviors that contribute to the treatment of disease.

One limitation of this study is that it is a local survey, with the sample composed only of people with hypertension living in a given community, which makes it difficult to generalize the findings. Also, the perception of the members of the network of social support regarding the issue was not explored.

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