

# Correlates of Self-Care Behaviors among Low-Income Elderly Women with Hypertension in South Korea

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## Keywords

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## ABSTRACT

**Objective:** To identify correlates of self-care behaviors among elderly, low-income Korean women with hypertension.

**Research Design:** A secondary analysis of data from a community-based intervention trial for hypertension control.

**Setting:** Three community health posts in the Gangwon province, South Korea.

**Participants:** Two hundred thirty-four (234) low-income elderly women (age 60–93) who had previously participated in a community-based intervention trial for hypertension control.

**Methods:** The researchers collected data that included patient background characteristics, hypertension self-care behavior, self-efficacy of hypertension control, general knowledge of hypertension, and social support. The data were analyzed using descriptive and inferential statistics, including hierarchical regression analysis.

**Results:** The model explained 41.1% of the total variance in hypertension self-care behavior scores. Among elderly, low-income Korean women, the significant factors of their hypertension self-care behavior included: (a) self-efficacy of hypertension control ( $\beta = .62$ ), (b) social support ( $\beta = .16$ ), and (c) age ( $\beta = -.14$ ). Hierarchical regression analysis showed that elderly Korean women that had higher self-efficacy of hypertension control, higher social support, and were younger were more likely to have higher hypertension self-care behavior scores.

**Conclusions:** The results highlight the need for interventions that focus on improving an individual's self-efficacy and social support to enhance hypertension self-care. The findings of this study can help nurses better understand hypertension self-care behavior in elderly, low-income Korean women.

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Hypertension is a global health problem. According to the 2012 *World Health Statistics* report, one in three adults has hypertension worldwide (World Health Organization [WHO], 2012a). Hypertension causes almost one half of all deaths from stroke and heart disease among middle-age to older adults, and the prevalence of hypertension generally increases with age (WHO, 2012a). Nearly 70% of people in the United States, 49% of people in China, and 61% of people in Korea age 65 and older are diagnosed with hypertension (Centers for Disease Control and Prevention, 2011; Ministry of Health, Welfare and Family Affairs [MHWFA], 2011; Zhang et al., 2009). The prevalence of hypertension among Korean women age 65 and older is much higher than that of Korean men of the same age (67.8% and 50.5%, respectively) (MHWFA, 2011). In Korea, hypertension combined with cardiovascular disease is the second leading cause of death due to disease,

and the mortality rate for hypertension related diseases is higher in Korean women than in Korean men (Statistics Korea, 2011). The Korea National Health Insurance Corporation (2012) reported that the expense of treating cardiovascular diseases accounted for 13.8% of all medical costs in the 2011 fiscal year, and that the economic burden of hypertension-related diseases among the elderly population will continue to increase.

Researchers have emphasized that compliance with hypertension self-care guidelines such as weight reduction, smoking cessation, a low-sodium diet, and physical activity can contribute substantially to regulating blood pressure (King, Mainous, Carnamolla, & Everett, 2009; Kojuri & Rahimi, 2007; Logan et al., 2012; Y. H. Park et al., 2011). In spite of the clear benefits of self-care behavior, the rates of self-care behavior among hypertensive adults are relatively low (Kressin et al.,

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### Women with higher levels of social support engaged in more frequent self-care behaviors than women with lower levels.

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2007; Morgado, Rolo, Macedo, Pereira, & Castelo-Branco, 2010). Ethnic disparities also appear to affect self-care behavior among women with hypertension. For example, Zhao and colleagues (2008) reported significant ethnic variation in adopting hypertension self-care behaviors among women in the United States, and also found that Asian women had the lowest percentage of three healthy lifestyle behavior adaptations, namely physical activity, weight control, and alcohol consumption. Similarly, Sanchez-Vaznaugh, Kawachi, Subramanian, Sanchez & Acevedo-Garcia (2009) indicated that 39.5% of Asian women and 27.2% of Asian men did not exercise on a regular basis. In a study of 4,165 elderly Koreans, Y. Lee et al. (2012) showed that only 11.7% of elderly people adhered to all four recommended self-care behaviors.

Ample evidence supports that healthier lifestyles and behavioral changes are essential to managing hypertension (King et al., 2009; Kojuri & Rahimi, 2007; Logan et al., 2012; Y. H. Park et al., 2011). Hypertensive patients must adjust their behavior to control blood pressure and prevent hypertensive complications. However, hypertension control is not just an individual problem; it demands a community-based, multidisciplinary, and culturally relevant approach. A better understanding of self-care behaviors among hypertensive women is needed to determine what factors enable and inhibit self-care behaviors in these women. A useful first step for developing strategies to promote self-care behavior and hypertension management would be to explore factors associated with hypertension self-care behaviors in elderly Korean women. Currently, very little is known regarding hypertension self-care behaviors and their correlates among Korean elderly women. This study was undertaken to address this knowledge gap. The results of this study could inform future interventions to improve outcomes in ethnically diverse, hypertensive elderly women.

### Conceptual Framework

Social cognitive theory provided the framework for examining the correlates associated with self-care behaviors in elderly, low-income Korean women with hypertension. Social cognitive theory, which is used to describe the interactions between personal, behavioral, and environmental factors in

health and chronic disease management, is recognized as a useful framework for understanding an individual's self-care behavior (Eccles et al., 2012; J. E. Lee et al., 2010; Martin et al., 2008). Social cognitive theory has been widely utilized in previous studies to understand behaviors in various health-related situations such as physical activity, healthy diet, hypertension, and cardiovascular disease (J. E. Lee et al., 2010; Martin et al., 2008; Martin et al., 2007; Roche et al., 2012). In an attempt to understand self-care behaviors based on social cognitive theory, researchers have posited that personal factors such as cognitive, emotional, and biological variables (e.g., self-efficacy, knowledge) and environmental factors (e.g., social support) influence an individual's behavior (e.g., self-care behavior) (Choi, Wilbur, Miller, Szalacha, & McAuley, 2008; J. E. Lee et al., 2010; White, Wójcicki, & McAuley, 2012). In this study, the factors influencing hypertension self-care behaviors of women include personal factors (age, marital status, BMI, years of having hypertension, self-efficacy, and knowledge of hypertension) and environmental factors (social support).

### Review of the Literature

#### Personal Factors

*Demographic and Health Variables.* In general, age and marital status have been consistent correlates of hypertension self-care behaviors. Many studies have reported that older women were more likely to engage in hypertension self-care behaviors than younger women (J. E. Lee et al., 2010; Trivedi, Ayotte, Edelman, & Bosworth, 2008). Married women were found to be more likely to be adherent to medications when compared with unmarried women (Trivedi et al., 2008). Body mass index (BMI) and time since a diagnosis of hypertension have also been associated with self-care behaviors. Body mass index was negatively associated with healthy lifestyle behaviors (Pai, Chen, & Tsao, 2010), and a longer duration of hypertension was related to an increased adoption of hypertension self-care behaviors (J. E. Lee et al., 2010).

*Hypertension Knowledge.* Knowledge has long been known to be a vital factor that contributes to and enhances self-care behavior in the management of chronic diseases. Warren-Findlow and colleagues (2011) noted that knowledge had a positive impact on self-care behavior in African American families. Likewise, Heo et al. (2008) reported that a higher level of disease knowledge was related to better self-care behaviors in the

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