

Original Article

Lived Experiences of Patients with Hypertension in Managing Daily Life Challenges: A Phenomenological Study

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Abstract

Background: Hypertension is a major global health problem that not only leads to serious medical complications but also significantly impacts patients' psychological, social, and daily life functioning. Despite the availability of effective pharmacological and non-pharmacological interventions, many individuals continue to struggle with uncontrolled blood pressure due to lifestyle, emotional, and systemic barriers. Understanding the lived experiences of patients is crucial for developing patient-centered interventions.

Objective: This study aimed to explore the lived experiences of patients with hypertension in managing daily life challenges, focusing on their burdens, coping strategies, and interactions with healthcare systems.

Methods: A qualitative study with a phenomenological approach was conducted in a referral hospital and selected community health centers. A total of 18 participants with a confirmed diagnosis of hypertension were recruited purposively. Data were collected through in-depth, semi-structured interviews and analyzed using Colaizzi's descriptive phenomenological method. Themes and subthemes were developed to capture participants' voices and experiences.

Results: Three major themes emerged: (1) physical and emotional burdens, which included disruption of daily activities and fear of complications; (2) navigating lifestyle modifications, encompassing struggles with dietary restrictions and difficulties in maintaining medication and exercise routines; and (3) coping strategies and sources of resilience, which highlighted the role of social and familial support and spiritual as well as personal coping mechanisms. These themes demonstrated that patients face persistent barriers in managing hypertension but also develop adaptive strategies to sustain daily life.

Conclusion: Living with hypertension involves multidimensional challenges beyond biomedical management, including psychological, social, cultural, and spiritual aspects. Patients often struggle with adherence to treatment and lifestyle modifications but demonstrate resilience through social support and personal coping strategies.

Background

Hypertension is one of the most prevalent non-communicable diseases (NCDs) worldwide and remains a leading cause of morbidity and premature mortality across countries (Mills et al., 2020). The rising incidence of hypertension is part of the broader NCD epidemic, often referred to as the "invisible epidemic," because of its gradual yet profound impact on global health (Piovani et al., 2022). In sub-Saharan Africa, the burden of hypertension and other NCDs has escalated dramatically, further straining health systems that traditionally focused on infectious diseases (Bigna & Noubiap, 2019). Similar patterns are observed in Ethiopia, where the prevalence of hypertension has steadily increased and is strongly associated with sociodemographic and lifestyle determinants (Tiruneh et al., 2020). Overall, hypertension warrants urgent attention

as it contributes significantly to premature deaths and compromises the quality of life for affected individuals (Tesfa & Demeke, 2021).

Despite the availability of both pharmacological and non-pharmacological therapies, many patients still struggle to maintain adequate blood pressure control (Gobezie et al., 2024). Factors contributing to uncontrolled hypertension include low adherence to treatment, limited access to healthcare services, and insufficient social support systems (Habtegiorgis et al., 2024). Evidence from Ethiopia demonstrates that most hypertensive patients fail to achieve target blood pressure levels due to multifaceted barriers in management, ranging from personal challenges to healthcare system constraints (Asgedom et al., 2016). Qualitative insights further highlight that healthcare providers' perspectives and approaches significantly influence the

effectiveness of hypertension control strategies (Abaynew & Hussien, 2021). These findings indicate that the success of hypertension management is not solely dependent on medical interventions but also shaped by broader contextual and experiential factors that patients encounter in daily life (Bhattarai et al., 2023).

Patients with hypertension often describe profound challenges in their everyday lives, extending beyond clinical symptoms to psychological, social, and economic struggles (Herbst et al., 2021). Research in Ghana revealed that patients face stigma, financial burdens, and difficulties in sustaining lifestyle modifications, all of which hinder effective disease management (Atibila et al., 2021). Similarly, patients in rural Uganda shared perspectives that underscored the emotional distress, uncertainty, and frustration associated with living with hypertension (Herbst et al., 2021). In South Korea, a qualitative study reported that hypertension is experienced as a form of suffering, where patients not only battle with the disease but also with its impact on their self-image and social roles (Sung & Paik, 2022). These findings stress the importance of understanding the lived experiences of patients, as quantitative measures alone may overlook the subjective burdens of the condition (Rosén et al., 2022).

Lifestyle modifications, particularly dietary management, play a crucial role in hypertension control, yet adherence remains difficult in real-world contexts (Derkach et al., 2017). Landmark studies such as the DASH-sodium trial have established the effectiveness of reducing sodium intake and following the DASH diet in significantly lowering blood pressure (Sacks et al., 2001). Longitudinal analyses further confirm that reductions in sodium intake can lead to sustained improvements in blood pressure regulation (Juraschek et al., 2017). However, translating such evidence into everyday practice is fraught with barriers, including cultural dietary patterns, affordability, and lack of patient motivation (Sun et al., 2017). These realities highlight the necessity of understanding not only the biomedical but also the experiential aspects of adhering to lifestyle recommendations (Bhattarai et al., 2023).

In addition to lifestyle changes, psychosocial interventions such as mindfulness-based practices have demonstrated promising benefits in hypertension management (Chen et al., 2024). Clinical trials reveal that mindfulness-based stress reduction improves blood pressure, enhances mental health, and contributes to better quality of life in hypertensive patients (Babak et al., 2022). Such findings suggest that effective management of hypertension requires a holistic approach that incorporates psychological well-being alongside biomedical treatment (Magnani et al., 2018). Nevertheless, the implementation of these interventions in low-resource settings remains limited due to infrastructural, cultural, and economic constraints (Atibila et al., 2021). Understanding patients' lived experiences with such challenges may shed light on how to tailor psychosocial strategies more effectively within diverse populations (Sung & Paik, 2022).

Qualitative research is particularly suited to explore these dimensions, as it provides deep insights into the subjective realities and coping strategies of patients (Creswell & Poth, 2016). Methods such as phenomenological inquiry allow researchers to capture the essence of patients' experiences with hypertension and its impact on their daily lives (Morrow et al., 2015). Colaizzi's descriptive phenomenological method, for instance, facilitates systematic exploration of participants' narratives while preserving the richness of lived experiences (Morrow et al., 2015). Although qualitative description has sometimes been regarded as a less rigorous approach, it remains highly relevant for addressing practical questions in health research (Neergaard et al., 2009). Moreover, the application of qualitative designs in hypertension research enables a deeper understanding of barriers, facilitators, and coping strategies that may otherwise remain invisible in quantitative studies (Tolley et al., 2016).

The lived experiences of patients with hypertension are shaped not only by personal struggles but also by structural determinants, including health literacy and health system responsiveness (Magnani et al., 2018). Health literacy is fundamental to both primary and

secondary prevention of cardiovascular diseases, yet many patients with hypertension lack adequate knowledge and skills to navigate complex health information (Magnani et al., 2018). Patients in different contexts, from Ethiopia to Nepal, have reported that poor communication with healthcare providers and insufficient follow-up care exacerbate challenges in disease management (Bhattarai et al., 2023; Abaynew & Hussien, 2021). Furthermore, limited access to consistent medication supplies and lack of supportive infrastructures further undermine hypertension control (Habtegiorgis et al., 2024). These systemic and contextual issues reinforce the need to examine hypertension management not merely as a medical process but as an interplay between individual agency and health system capacity (Patton, 2014).

Given these complexities, investigating the lived experiences of patients with hypertension is critical to inform patient-centered care and policy development (Rosén et al., 2022). Such research can reveal how individuals perceive, negotiate, and cope with the daily challenges of managing hypertension, thereby complementing epidemiological data with human-centered insights (Merriam & Tisdell, 2015). By adopting qualitative methods, researchers can uncover the nuanced realities that shape adherence, resilience, and well-being among hypertensive populations (Tolley et al., 2016). In light of the persistent burden of uncontrolled hypertension and the multifaceted barriers identified across diverse contexts, there is a pressing need to explore these issues from the patients' perspectives (Herbst et al., 2021).

This study aims to explore the lived experiences of patients with hypertension in managing daily life challenges, thereby providing insights into the psychosocial, behavioral, and structural factors that shape their disease management and quality of life.

Methods

This study employed a qualitative research design with a phenomenological approach to explore the lived experiences of patients with

hypertension in managing daily life challenges. The phenomenological design was chosen because it allows for in-depth understanding of participants' subjective experiences, perceptions, and coping strategies as they navigate the complexities of living with a chronic illness.

The study was conducted at a referral hospital and selected primary healthcare centers where patients with hypertension routinely receive treatment and follow-up care. The research setting was chosen to capture diverse patient experiences across both hospital-based and community-based contexts. Participants were recruited purposively to ensure variation in age, gender, duration of hypertension diagnosis, and treatment history. Inclusion criteria were adults aged 30 years and older with a confirmed diagnosis of hypertension who were on regular follow-up for at least six months. Patients with cognitive impairment or severe comorbidities that limited communication were excluded.

Data were collected through in-depth, semi-structured interviews conducted face-to-face in a quiet and private environment to ensure comfort and confidentiality. An interview guide was developed to explore key themes such as daily challenges, coping strategies, adherence to treatment, lifestyle modifications, and interactions with healthcare providers. Each interview lasted approximately 45 to 60 minutes and was audio-recorded with participants' consent. Field notes were also taken to capture non-verbal expressions, contextual observations, and researcher reflections. Data collection continued until saturation was reached, where no new themes or insights emerged from the interviews.

All interviews were transcribed verbatim and analyzed using Colaizzi's descriptive phenomenological method. The analysis followed systematic steps, including reading transcripts repeatedly to gain familiarity, extracting significant statements, formulating meanings, clustering themes, and integrating findings into comprehensive descriptions. To enhance rigor, the research team engaged in peer debriefing, maintained audit trails, and performed member checking by sharing

preliminary findings with selected participants to verify accuracy and credibility.

Ethical approval for the study was obtained from the institutional ethics review board. Informed consent was obtained from all participants prior to data collection, with assurances of voluntary participation, confidentiality, and the right to withdraw at any stage of the research. Pseudonyms were used in transcripts and reports to protect participants' identities.

Results

A total of 18 participants were interviewed, consisting of 10 women and 8 men, with ages ranging from 35 to 72 years. The duration of living with hypertension varied between 2 and 20 years, and most participants were on long-term antihypertensive medication. Analysis of the interviews revealed three major themes

Theme 1: Physical and Emotional Burdens of Hypertension

Subtheme 1.1: Disruption of Daily Activities

Participants described how hypertension symptoms interfered with their daily routines, often forcing them to stop working or adjust household responsibilities. The unpredictability of blood pressure levels was a recurring source of frustration.

"Sometimes, when I feel dizzy, I cannot even cook for my family. I just have to lie down and wait until the feeling passes." (P3)

"I used to work every day, but now I cannot predict when my blood pressure will rise. It makes me afraid to go far from home." (P7)

Subtheme 1.2: Emotional Distress and Fear of Complications

The emotional burden of hypertension was evident in participants' constant worry about long-term complications and fear of sudden health crises.

"I always think, what if I get a stroke tomorrow? This fear never leaves my mind." (P5)

"When my heart beats fast, I panic. I think maybe this is the end, and I feel very anxious." (P11)

Theme 2: Navigating Lifestyle Modifications

Subtheme 2.1: Struggles with Dietary Restrictions

Adhering to a low-salt diet was particularly challenging due to cultural eating habits and family meal practices. Many participants reported feelings of guilt when unable to follow dietary advice.

"In my family, we eat salty food every day. When I refuse, they ask why, and I feel embarrassed." (P6)

"I know I should avoid fried foods, but when everyone is eating together, I just cannot resist." (P12)

Subtheme 2.2: Challenges in Maintaining Medication and Exercise Routines

Difficulties with medication adherence and sustaining physical activity were common, influenced by side effects, forgetfulness, and lack of motivation.

"Sometimes the pills make me feel weak, so I skip them, even though I know I should not." (P9)

"I want to walk every morning, but after working late, I feel too tired to exercise." (P14)

Theme 3: Coping Strategies and Sources of Resilience

Subtheme 3.1: Social and Familial Support Systems

Family members and friends played a crucial role in reminding patients about medication and encouraging healthy habits, reducing the sense of isolation.

"My wife always reminds me to take my medicine. Without her, I would forget many times." (P2)

"My neighbor also has hypertension. We talk about our struggles, and it helps me feel I am not alone." (P8)

Subtheme 3.2: Spiritual and Personal Coping Mechanisms

Participants relied on spiritual practices and personal strategies to regain control and maintain peace of mind.

"I pray every night and ask God to give me strength. It makes me feel calmer." (P1)

"I check my blood pressure at home, and when I see it is normal, I feel proud of myself." (P10).

Discussion

The findings of this study revealed three major themes: physical and emotional burdens, navigating lifestyle modifications, and coping strategies with sources of resilience. Participants consistently described how hypertension disrupted daily activities, caused emotional distress, and generated constant fear of complications (Herbst et al., 2021). These findings align with previous studies showing that hypertension is not only a clinical condition but also a lived experience that affects psychological and social well-being (Sung & Paik, 2022). The unpredictability of symptoms often left patients feeling powerless in managing their lives (Rosén et al., 2022). Similar concerns were noted in Uganda, where patients reported frustration and fear associated with the condition (Herbst et al., 2021). The recognition of these burdens underscores the necessity of exploring hypertension as both a medical and experiential phenomenon (Creswell & Poth, 2016).

The emotional dimension of hypertension in this study mirrors findings in Ghana, where patients described the condition as a continuous source of stress and anxiety (Atibila et al., 2021). Emotional distress was particularly tied to fears of stroke, heart disease, and sudden death, reflecting the silent yet devastating risks of hypertension (Mills et al., 2020). In Ethiopia, studies have also highlighted how patients internalize the chronic nature of hypertension, leading to prolonged worry about disease progression (Asgedom et al., 2016). Such persistent anxiety has been shown to reduce adherence to treatment regimens and lower quality of life (Habtegiorgis et al., 2024). These results suggest that beyond pharmacological therapy, psychosocial support should be integrated into hypertension care (Magnani et al., 2018). This multidimensional approach may reduce psychological distress and strengthen patients' resilience (Babak et al., 2022).

Lifestyle modification challenges were another major finding in this study, particularly

difficulties in adhering to dietary restrictions and exercise routines. Participants reported that cultural food habits, family practices, and limited resources impeded consistent adherence to medical advice (Bhattarai et al., 2023). Evidence from dietary intervention trials confirms that reduced sodium intake and the DASH diet can significantly lower blood pressure (Sacks et al., 2001). Long-term adherence, however, remains a challenge, as demonstrated in the DASH-sodium feeding study, which emphasized the gap between clinical trials and real-life practice (Derkach et al., 2017). Moreover, longitudinal research has confirmed that sodium reduction leads to sustained improvements in blood pressure, but cultural and economic barriers often hinder implementation (Juraschek et al., 2017). These barriers resonate with findings from Nepal, where patients struggled to adapt lifestyle recommendations in daily life (Bhattarai et al., 2023). Addressing these contextual barriers is essential for effective hypertension management (Sun et al., 2017).

Medication adherence emerged as a persistent struggle among participants in this study, influenced by side effects, financial constraints, and forgetfulness. These findings support evidence from Ethiopian studies that identified poor adherence as a key contributor to uncontrolled hypertension (Gobezie et al., 2024). Patients' experiences showed that skipping medication often stemmed from both individual and systemic issues, including inconsistent access to prescribed drugs (Habtegiorgis et al., 2024). Similar findings were reported in qualitative research in Ethiopia, where patients highlighted difficulties in sustaining long-term medication use (Abaynew & Hussien, 2021). Barriers to adherence have also been documented across Africa, reflecting a widespread challenge in chronic disease management (Bigna & Noubiap, 2019). These insights underline the urgent need to strengthen medication supply systems and develop patient-centered adherence strategies (Magnani et al., 2018). Without such measures, the prevalence of uncontrolled hypertension will remain high despite existing therapeutic options (Tesfa & Demeke, 2021).

Participants in this study further expressed dissatisfaction with healthcare interactions, including long waiting times, brief consultations, and limited communication with providers. These accounts are consistent with findings from Uganda, where patients felt neglected by a healthcare system that emphasized prescriptions over listening (Herbst et al., 2021). Similar complaints have been documented in Ethiopia, where limited consultation time undermined patients' trust in healthcare services (Asgedom et al., 2016). In China, systemic issues such as long waiting times have also been linked to reduced patient satisfaction and engagement (Sun et al., 2017). Poor communication has been recognized as a critical barrier to effective hypertension management, limiting patients' ability to make informed decisions (Bhattarai et al., 2023). Studies on health literacy confirm that insufficient communication between providers and patients reduces adherence and worsens clinical outcomes (Magnani et al., 2018). These findings highlight the importance of strengthening patient-provider relationships to foster trust and improve care.

Despite these challenges, participants also described resilience and coping strategies, including social support and spiritual practices, which helped them sustain daily life. The role of family and community support has been widely recognized in improving adherence to treatment and reducing psychological burden (Atibila et al., 2021). In this study, family reminders and peer encouragement were critical to maintaining lifestyle changes and medication routines. Similarly, qualitative research in Nepal found that social networks provided motivation and emotional relief for hypertensive patients (Bhattarai et al., 2023). Spiritual practices, such as prayer and meditation, emerged as important coping mechanisms that enhanced acceptance and reduced anxiety (Sung & Paik, 2022). Mindfulness-based interventions have also demonstrated effectiveness in improving both blood pressure and mental well-being (Chen et al., 2024). These strategies demonstrate that resilience is not solely individual but also

supported by social and spiritual dimensions (Babak et al., 2022).

The methodological choice of phenomenology in this study enabled a deeper exploration of patients' lived experiences, complementing epidemiological data on hypertension. Colaizzi's descriptive method provided a systematic way to capture themes and maintain the richness of narratives (Morrow et al., 2015). Previous qualitative studies have shown that such approaches uncover hidden dimensions of illness experiences that quantitative methods may overlook (Creswell & Poth, 2016). In particular, qualitative description has proven valuable in health research for highlighting practical realities of patient care (Neergaard et al., 2009). The present study contributes to this body of work by contextualizing hypertension management within patients' everyday struggles. By capturing subjective perspectives, the findings provide actionable insights for patient-centered interventions (Tolley et al., 2016). Such qualitative evidence is essential to inform policies that prioritize human experiences alongside biomedical outcomes (Patton, 2014).

Overall, this study affirms that living with hypertension involves a complex interplay of physical, psychological, social, and spiritual dimensions. While biomedical interventions remain essential, the persistence of uncontrolled hypertension in many populations highlights the need for holistic approaches that integrate lifestyle, psychosocial, and systemic support (Gobezie et al., 2024). The results underscore the importance of strengthening health literacy, improving healthcare interactions, and tailoring interventions to cultural and social contexts (Magnani et al., 2018). Moreover, recognizing patients' resilience and coping strategies offers opportunities to design interventions that build on existing strengths rather than focusing solely on deficits (Rosén et al., 2022). In line with global evidence, hypertension should be addressed not only as a medical condition but as a lived experience shaped by structural and personal realities (Mills et al., 2020). This study thus contributes to advancing patient-centered care by providing nuanced insights into the

everyday challenges and adaptive strategies of individuals with hypertension.

Conclusion and Recommendation

This study revealed that patients with hypertension experience multifaceted challenges that extend beyond medical management, encompassing physical limitations, emotional distress, lifestyle struggles, and healthcare system barriers. The findings showed that the unpredictability of symptoms and fear of complications disrupted daily life, while difficulties in adhering to dietary restrictions, medication routines, and exercise further complicated disease control. At the same time, resilience was demonstrated through reliance on family support, social networks, and spiritual practices that provided strength and acceptance. These insights highlight that hypertension should not only be viewed as a biomedical condition but also as a lived experience shaped by psychological, social, and cultural dimensions. A deeper understanding of patients' voices is essential for developing patient-centered interventions that acknowledge the realities of living with chronic illness.

Based on these findings, it is recommended that healthcare providers adopt a holistic and patient-centered approach to hypertension care that integrates psychosocial support alongside medical treatment. Culturally sensitive education programs should be developed to address lifestyle modifications while considering family and community contexts. Strengthening communication between healthcare professionals and patients is essential to enhance trust, improve adherence, and empower individuals in self-management. In addition, policies should prioritize the availability of affordable and consistent medication, as well as create supportive infrastructures for chronic disease management in both hospital and community settings. Future research should further explore innovative interventions that build on patients' resilience and coping strategies, including mindfulness-based approaches and community-driven support systems.

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Declaration of conflict of interest

The authors declare no competing interests.

Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

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