

The impact of health education programs on the quality of life in hypertensive patients

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Abstract

The research aims at assessing the impact of the health education programs on the quality of life in hypertensive patient and its starting point is the HAPA (Health Action Process Approach) model introduced by Schwarzer in 1996, a cognitive model of behavior change that considers self-efficacy as a direct predictor of the intentions and behaviors of the person. The participants were 164 persons from Oradea metropolitan area, diagnosed with hypertension in the debut stage of the disease, of whom 116 participated in one or both health education programs focused on the education for a healthy diet and a program focused on the education for an active lifestyle, the others forming the control group. The design used was uni- or multifactorial intergroup and intragroup, the statistical methods used being the analysis of variance and multiple linear regression. Self-efficacy and social support were included in the study as moderating factors, together with the degree of normalization of the tension level and demographic variables. Results: Self-efficacy is an important predictor for a part of quality of life subscales, thus it has an important role in the physical functioning of a patient with hypertension in the moment of the onset of the disease $\beta = ,517$; $t = 6.06$ $p < .001^{**}$, $r^2 = ,25$; the self-efficacy also plays a central role in predicting the impact of the physical dysfunctions on the role activities $\beta = ,496$; $t = 4.677$ $p < .001^{**}$ $r^2 = ,195$ and for the social functioning subscale, self-efficacy is a confirmed predictor $\beta = ,611$; $t = 6.67$ $p < .001^{**}$ $r^2 = ,29$, having a strong effect size. Besides the cognitive factor, the situational factor has an important role, represented by the social support the person receives. A high perceived family social support facilitates the person's physical functioning ($\beta = ,226$, $t = 2.46$ $p < .016^*$) and attenuates the impact perceived by the patient for some physiological changes occurred and underestimated as amplitude ($\beta = ,195$; $t = 2,23$ $p < .028^*$) while facilitating the involvement in social activities ($\beta = ,233$, $t = 2,35$ $p < .021^*$).

Keywords

health education, self-efficacy, family social support, hypertension, quality of life