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تحديد مستويات النجاعة الذاتية والعوامل الاجتماعية والديموغرافية المرتبطة بها بين كبار السن المصابين بارتفاع ضغط الدم

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Abstract

Background: Self-efficacy is a widely used psychological concept recognized as a prerequisite for effectively managing chronic diseases. Enhancing individual self-efficacy is crucial for achieving optimal outcomes in health behavior changes. So, this study aims to determine the self-efficacy levels and their relationship with self-care behaviors among older adult patients with hypertension.

Method: Non experimental descriptive correlational study was used to guide this study which was conducted in primary healthcare centers in the Nasiriya City for the period of study from November 12Th, 2024 to June 6Th,2025. 200 older adult patients selecting by Non- Probability Purposive sampling technique from primary health care centers distributed in Nasiriyah city. Data were collected using Hypertension Self-Care Profile (HBP-SCP) were used to measure self-efficacy and self-care behaviors.

Results: The results shows that 60.5% of patients have a family history of hypertension. As for chronic diseases, 31.2% of patients have diabetes, and 21.3% have arthritis, 20% have eye problems. Overall, chronic diseases related to the heart, diabetes, and joints appear to account for the highest proportions among patients. The

results indicated that the mean score was 52.80±7.87, reflecting a generally moderate level of self-care behaviors. 67% of the patients were found to have a moderate level of self-care behaviors. self-efficacy mean score was 53.96±8.46, reflecting a generally moderate confidence level of self-efficacy. 59.5% of the patients were found to have a moderate level of self-efficacy, 36.5% showed a high level. there is significant relationship (positive relationship) between self-care behaviors and self-efficacy among the patients. There is significant difference in self-efficacy with regard to patient's monthly income.

Conclusions: It seems that patients have moderate levels of self-care and self-efficacy. There is a significant relationship between self-care and self-efficacy there is no significant difference in self-care behaviors with regard to patient's clinical characteristics

Recommendation: Develop and implement educational programs that are not limited to hypertensive patients, but also include common comorbidities such as diabetes, arthritis, and eye diseases. These programs should focus on educating patients on how to manage multiple chronic conditions

Keywords: Self-Efficacy, Older Adults, Hypertension, Sociodemographic

المستخلص

تُعدّ النجاعة الذاتية مفهومًا نفسيًا شائع الاستخدام، ويُعترف به كشرط أساسي لإدارة الأمراض المزمنة بفعالية. تعزيز الكفاءة الذاتية الفردية أمرًا بالغ الأهمية لتحقيق أفضل النتائج في تغييرات السلوك الصحي. وتُعدّ النجاعة الذاتية الكافية ضرورية لإدارة الأمراض المزمنة وتحقيق أفضل النتائج في تغييرات السلوك الصحي. لذا، تهدف هذه الدراسة إلى تحديد مستويات النجاعة الذاتية وعلاقتها بسلوكيات الرعاية الذاتية لدى كبار السن المصابين ارتفاع ضغط الدم

استُخدمت دراسة وصفية ارتباطية غير تجريبية لتوجيه هذه الدراسة التي أُجريت في مراكز الرعاية الصحية الأولية في مدينة الناصرية خلال الفترة من ١٢ تشرين الثاني ٢٠٢٤ إلى ٦حزيران ٢٠٢٥. تم اختيار ٢٠٠ مراجع من كبار السن باستخدام أسلوب العينة الهادفة غير الاحتمالية من مراكز الرعاية الصحية الأولية المنتشرة في مدينة الناصرية. جُمعت البيانات باستخدام ملف تعريف الرعاية الذاتية لارتفاع ضغط الدم (HBP-SCP) لقياس النجاعة الذاتية وسلوكيات الرعاية الذاتية.

أظهرت النتائج أن ٦٠.٥ % من المراجعين لديهم تاريخ عائلي لارتفاع ضغط الدم. أما بالنسبة للأمراض المزمنة، فإن ٣١.٢٪ من المراجعين يعانون من مرض السكري، ٢١.٣٪ يعانون من التهاب المفاصل، و٢٠٪ يعانون من مشاكل في العين. وبشكل عام، يبدو أن الأمراض المزمنة المتعلقة بالقلب والسكري والمفاصل تشكل أعلى النسب بين المرضى. وأشارت النتائج إلى أن متوسط الدرجات كان ٥٢.٨٠ ± ٧.٨٧، مما يعكس مستوى معتدلًا بشكل عام من سلوكيات الرعاية الذاتية. ووجد أن ٦٧٪ من المرضى لديهم مستوى معتدل من سلوكيات النجاعة الذاتية. وكان متوسط درجة فعالية الذات ٥٣.٩٦ ± ٨.٤٦، مما يعكس مستوى ثقة معتدلًا بشكل عام في فعالية الذات. ووجد أن ٥٩.٥٪ من المراجعين لديهم مستوى معتدل من فعالية الذات، وأظهر ٣٦.٥٪ مستوى مرتفعًا. توجد علاقة مهمة (علاقة إيجابية) بين سلوكيات الرعاية الذاتية وفعالية الذات بين المراجعين. هناك فرق كبير في الكفاءة الذاتية تبعًا للدخل الشهري للمراجع

يبدو أن لدى المراجعين مستويات متوسطة من الرعاية الذاتية والنجاعة الذاتية. هناك علاقة مهمة بين الرعاية الذاتية والكفاءة الذاتية تُسهم هذه النتائج في تطوير برامج تثقيفية وتوعوية تهدف إلى تعزيز ثقة المرضى في قدرتهم على إدارة صحتهم

إن الفهم العميق للعلاقة بين الدخل والنجاعة الذاتية أمر حيوي، وكذلك تحليل العوامل الوسيطة - مثل الوصول إلى الخدمات الصحية، ومستويات التعليم، والدعم الاجتماعي - التي قد توضح العلاقة بين الدخل الشهري والنجاعة الذاتية.

الكلمات المفتاحية: النجاعة الذاتية، كبار السن، ارتفاع ضغط الدم، العوامل الاجتماعية والديموغرافية

Introduction

Hypertension is a highly common cardiovascular ailment [(1)]. It affects approximately one-third of adults, often asymptomatically, with many individuals unaware of their diagnosis. Estimates suggest that around 33% of adults aged 30 to 79 will face this issue worldwide [(2)]. The prevalence of hypertension and diabetes mellitus in Iraq is demonstrating a trend of rapid increase, which may consequently elevate the incidence of ischemic heart diseases and cerebrovascular accidents [(3)].

Hypertension prevalence increases with age, per WHO. The adult population with hypertension has doubled to approximately 1.3 billion over the last thirty years. Hypertension and its complications result in approximately 9.4-10.44 million annual deaths. Projections indicate that by 2025, 1.5 billion individuals globally will be impacted by hypertension [(2,4,5)].

Self-efficacy is defined as an individual's confidence in their abilities and efforts, which can greatly impact their awareness of their health and any challenges they may encounter [6]. This sense of self-efficacy empowers individuals to make informed choices and remain committed to the tasks that contribute to their well-being [7].

One significant factor that influences adherence to these medications is self-efficacy. This self-efficacy stems from an individual's understanding of themselves and their ability to achieve their treatment goals for high blood pressure [6]. Self-efficacy significantly influences medication adherence through an individual's self-knowledge and confidence in achieving hypertension treatment objectives [8]. Additionally, they need to adhere to the recommendations provided during their treatment to enhance the overall success of managing hypertension [9,10].

Health issues in the elderly arise primarily from a decline in the functions of various organs. The ageing process can lead to a range of physical, biological, mental, and socio-economic challenges. Lifestyle choices and health-promoting behaviors play essential roles in shaping the quality of life for older adults. For seniors with hypertension, making lifestyle adjustments can enhance their self-efficacy and overall well-being [11].

The frequency of high blood pressure rises along with age, particularly in males, single individuals, the overweight, and those with increased years of employment. Factors such as smoking, diet, drug history, stress, and sleep patterns are the most influential modifiable predictors of hypertension and prehypertension [12].

Elevating self-efficacy is fundamental for implementing successful health behavior changes. High self-belief fosters motivation and confidence in overcoming obstacles to reach health objectives [13]. So, this study aims to assess the levels of self-efficacy among hypertension older adults and find out its association with sociodemographic characteristics.

2. Methodology

2.1 Design of the Study:

A descriptive correlational study was used to guide this study which was conducted in primary healthcare centers in the Nasiriya City for the period of study from November 12th, 2024 to March 30th, 2025.

2.2. Settings of the Study

Primary healthcare centers of the Nasiriya Sector I and II include (22) primary healthcare centers, those distributed in Al-Nasiriya City. Where the first Nasiriyah sector consists of 6 centers, and the second Nasiriyah center includes 16 centers

2.3. Sample of the Study

Purposive "non-probability sample" of hypertensive patients was selected from primary health care centers distributed in Nasiriyah city. A sample of (200) older men and women with high blood pressure were selected. A The sample was collected according to the inclusion and exclusion criteria that the researcher has determined:

2.5.1. Inclusion criteria:

1.Clients who have been diagnosed with high blood pressure
2. Both male and female patients are eligible.
3. Client’s aged 60 and above

2.5.2. Exclusion criteria:

1.Exclude the group that does not read and write
2.Patients who have a known history of mental disorders.

2.4. Study Instrument:

2.4.1 Part I: Part is about getting demographic information from the (8) items, including age, sex, marital status, level of education, social status, occupation, monthly income, patient's chronic disease, and family's high blood pressure.

2.4.2 Part II: Hypertension Self-Care Profile (HBP-SCP)

The Arabic version Hypertension Self-Care Profile (HBP-SCP) developed by Bahari & Scafide in 2020 to assess hypertension self-care behaviors was used in this study [(14)]. This self-report measure consists of 19 items to be rated on a four-point Likert scale. Each item with 4 response options: 1 for “not at all,” 2 for “sometimes,” 3 for “often,” and 4 for “always.” The total score for the tool ranges between 19 and 76 degrees, with a higher score indicating an increase in the respondent's perception of their self-efficacy and self-care behaviors.

Scores were divided into three categories i.e., low, moderate and high (1). If the sum of the scores falls between (19-38), it indicates that the individual's level is low. If the total score falls between (38.1-57), it indicates that the person's level is average. Conversely, if the total score falls within the range of (57.1-76), it indicates that the individual's self-efficacy and self-care behaviors is high.

2.6. Data Collection and Analysis:

The statistical package for social science (IBM), version 26, was utilized for coding and analyzing the data. The distribution of data was not normal. Consequently, non-parametric statistical methods were applied. The Spearman’s rho correlation was employed.

Results:

Table 3.1. Distribution of Patients According to their Socio Demographic Data Characteristics (N=200)

Demographic Characteristics	Subgroup	f.	%
Age Group	٦٠ less than 65	89	44.5
	65 less than 70	66	33.0
	70 less than 75	31	15.5
	75 and more	14	7.0
	Mean ± SD 65.71 ± 4.795 Min- Max 60-80 years		
Sex	Male	95	47.5
	Female	105	52.5
Marital status	Single	6	3.0
	Married	142	71.0
	Separated	1	.5
	Widowed/er	51	25.5
Level of education	read and write	51	25.5
	primary school	37	18.5
	Intermediate school	40	20.0
	preparatory	24	12.0
	Institute	27	13.

			5
	University	20	10.0
	postgraduate	1	.5
Occupation	Jobless	100	50.0
	Freelance	25	12.5
	Government employee	4	2.0
	Private sector employee	2	1.0
	Retired	69	34.5
Monthly income (Iraqi Dinar)	Less than 300,000	61	30.5
	301,000_600,000	61	30.5
	601,000_900,000	41	20.5
	901,000_1,200,000	26	13.0
	1,201,000_1,500,000	8	4.0
	More than 1,500,000	3	1.5
	Total	**200**	**100**

f: Frequency, %: Percentage M: Mean, SD: Standard Deviation

The table shows that most patients are between 60 and 70 years old with an average age of 65.71 years, with the 60-65 age group constituting the highest percentage (44.5%), with a slightly higher percentage of females (52.5%) than males. Most are married (71%), while a large percentage are widows (25.5%). The educational level is relatively low, as most of them did not complete secondary education,

and the most prevalent category is those who can only read and write (25.5%). Regarding employment, half of the sample is unemployed (50%), and a large percentage are retired (34.5%), while workers in the public and private sectors constitute a small percentage. Most patients suffer from low income, with 61% receiving less than 600,000 Iraqi dinars per month, reflecting economic challenges that may affect their lives.

Table ٣.2. Distribution of the patients According to their Clinical Data Characteristics among Patients (N=200)

Clinical Characteristics	Subgroup	f.	%
Family History	Yes	121	60.5
	No	79	39.5
Chronic disease	Diabetes	117	31.2
	Respiratory diseases	16	4.3
	Cardiovascular diseases	60	16.0
	Arthritis	80	21.3
	Kidney disease	27	7.2
	Eye problems	75	20.0

f: Frequency, %: Percentage M: Mean, SD: Standard Deviation

The table shows that 60.5% of patients have a family history of hypertension, while 39.5% do not. As for chronic diseases, 31.2% of patients have diabetes, and 21.3% have arthritis. 16% of patients have cardiovascular diseases, 20% have eye problems, and 7.2% have kidney diseases. Only 4.3% have respiratory diseases. Overall, chronic diseases related to the heart, diabetes, and joints appear to account for the highest proportions among patients.

Items	**M ±SD**	**As s**
1. ake part in regular physical activity (e.g. 30 minutes of walking 4-5 times a week)?	2.34± 1.1001	M
2.Eat less processed foods such as (e.g. lunch meats, canned or frozen foods)?	2.53± 1.0268	M
3.Read nutrition facts label to check information on salt content?	2.345± 1.077	M
4.Replace traditional high-salt foods with low-salt products?	2.985± .9795	M
5.5. Limit use of high-salt condiments (e.g. ketchup)?	3.235± .8795	H
6.Eat less than 1 teaspoon of table salt per day?	3.26± .91465	H
7.Eat less foods that are high in saturated and trans-fat?	2.815± .9192	M
8.Use broil, bake or steam instead of frying when cooking?	2.97± .91832	M
9.Read nutrition facts label to check	2.280±1. 003	M

Table 3.5.

information on saturated and trans-fat?		
10.Replace traditional high-fat foods with low-fat products?	2.925± .8736	M
11.Limit total calorie intake from fat (less than 65 grams) daily?	2.87± .89280	M
١٢. Eat 5 or more servings of fruits and vegetables daily?	3.09± .8693	H
١٣. Choose not to smoke?	3.12± 1.0869	H
14. Check your blood pressure at home?	2.945± 1.0233	M
15. Take your blood pressure medicine?	3.275± .96125	H
16. Get your prescriptions filled?	3.105± 1.0045	H
١٧. Keep your weight down?	2.675± .97165	M
18. Try to stay away from anything and anybody that causes any kind of stress?	2.225± .94809	M
19. See a doctor regularly?	2.97± .95586	M

Assessment HBP Self-Efficacy Scale Items

M: Mean, SD: Standard Deviation, Level of Assessment (Low [L]=1-2; Moderate [M]=2.1-3; High [H]=3.1-4)

Table 3.5 shows the assessment of self-efficacy in hypertensin patients based on nineteen sub-items of the HBP Self-Efficacy Scale. All items fall within the mean (M) assessment level, with means ranging from 3.26± .91465 to 2.225 ± .94809.

Table 3.6. Assessment Overall HBP Self-Efficacy Scale among Patients (N=200)

Scale	M ± SD	Score	f	%
Self-Efficacy Scale	53.96±8.4644	**Low (19-38)**	8	4.0
		Moderate (38.1-57)	119	59.5
		High (57.1-76)	73	36.5
		Total	200	100

f: Frequency, %: Percentage, M: Mean for total score, SD=Standard Deviation for total score

The results indicated that the mean score was 53.96±8.46443, reflecting a generally moderate confidence level of self-efficacy. 59.5% of the patients were found to have a moderate level of self-efficacy, 36.5% showed a high level, and 4% exhibited a low level.

Table 3.11 manifests that there is significant difference in self-efficacy with regard to patient's Monthly income.

Discussions

Based on the data analysis displayed in Table 3-1, our study comprised 200 individuals who fell within the age range of 60 to 80 years old. The majority of participants (44.5%) were between the ages of 60 and under 65, while 33% fell between the ages of 65 to 70. The average age of participants was 65.71 ± 4.795 years. This is

similar to the findings of previous studies shows that average of patient age between 61- 65 years old [15,16].

According to the data analysis presented in Table 3-2, the highest percentage of clients (60.5%) reported they have family history of hypertension. **Table 3.11: Significant Difference in Self-Efficacy among HBP Patients with regard to their sociodemographic characteristics**

Ranks					Kruskal-Wallis H	Asymp. Sig.
Scale	Groups		N	Mean Rank		
Self-Efficacy	Age	60 less than 65	89	108.80	.491	.139
		65 less than 70	66	87.18		
		70 less than 75	31	104.53		
		75 and more	14	101.57		
		Total	200			
Self-Efficacy	Marital tus	Single	6	106.83	5.367	.947
		Married	142	100.68		
		Separated	1	69.50		
		Widowed/er	51	99.87		
		Total	200			
Self-Efficacy	Level of education	primary school	37	76.93	5 3.737	.588
		Intermediate school	40	66.20		
		preparatory	24	82.13		
		Institute	27	71.70		
		University	20	83.58		
		postgraduate	1	102.00		
		Total	149			
Self-Efficacy	Occupation	Jobless	100	92.30	5 4.607	.330
		Freelance	25	101.84		
		Government employee	4	105.38		
		Private sector employee	2	122.50		
		Retired	69	110.98		
		Total	200			
Self-Efficacy	Monthly income	Less than 300,000 IQD	61	87.71	5 13.695	**.018**
		301,000_600,000 IQD	61	89.61		
		601,000_900,000 IQD	41	119.40		
		901,000_1,200,000 IQD	26	116.73		
		1,201,000_1,500,000 IQD	8	115.69		
		More than 1,500,000 IQD	3	142.33		
		Total	200			

Asymp. Sig. (2-tailed): Asymptomatic Significance (2-tailed), N: Number

A family history of high blood pressure is a significant risk factor for developing the condition. If one or more close family members have experienced high blood pressure before the age of 60, an individual faces double the risk of developing it themselves [17].

The findings of a study indicate that a noteworthy percentage of clients exhibit comorbid conditions, with 31.2% diagnosed with diabetes, 21.3% with arthritis, and 20.0% with eye problems. The prevalence of hypertension and diabetes mellitus in Iraq is demonstrating a trend of rapid increase, which may consequently elevate the incidence of ischemic heart diseases and cerebrovascular accidents [3]. In study published in "Iraqi National Journal of Nursing Specialties" show that most prevalent chronic comorbidity among hypertension patients was diabetes [18].

Self-efficacy in hypertensin patients was moderate as indicated by (M±SD= 53.96±8.46443) in which (%=59.5, n=119) of clients showed a moderate self-care, that is present in the table (3-5,6) and evaluation of scale's items of self-efficacy scale that show almost of items with moderate level (see table 3-5). Notably, these results are consistent with those obtained from a prior study in Iran that aimed to the relationship between self-efficacy, and self-care behaviors in older adults with hypertension the respondents had good self-care management [19]. Confidence in the effectiveness of their treatment is reflected in the adherence of elderly individuals to their medication regimens [20], regular health monitoring, and the optimal use of social support. These actions exemplify a high level of autonomy among older adults [21].

Self-efficacy is essential for the elderly to achieve optimal health, as it empowers them to take charge of their care [22]. Research indicates that older adults with high self-efficacy exhibit a healthier awareness of life, leading to reduced anxiety and improved overall quality of life [23]. Ultimately, self-efficacy significantly enhances the elderly's ability to manage their health-related habits

and is crucial for promoting their self-health. Those with a strong sense of self-efficacy are better equipped to control hypertension and other issues they may face [24,25].

The only variable that showed significant differences was the monthly income, as seen in tables (3.14-3.15). In examining the relationship between a patient's standard of living and their health practices, it becomes clear that this indicator significantly influences their health and the development of a health-conscious culture that translates into healthy behaviors. This variable effectively addresses social, economic, and health needs and other essential requirements such as food, shelter, and clothing. Notably, individuals from lower socioeconomic backgrounds are less inclined to seek medical care or consume nutritious food and are more likely to postpone medical consultations than their wealthier counterparts [26].

Conclusions

1.It seems that patients have moderate levels of self-care and self-efficacy.

2.There is a significant relationship between self-care and self-efficacy

3.There is no significant difference between self-efficacy and socio demographic characteristics but only monthly income of the patients plays a significant role in the self-efficacy.

Recommendation

1.Develop and implement educational programs that are not limited to hypertensive patients, but also include common comorbidities such as diabetes, arthritis, and eye diseases. These programs should focus on educating patients on how to manage multiple chronic conditions.

2. It is recommended to develop educational and awareness programs aimed at strengthening patients' confidence in their ability to manage their health. These may include interactive workshops,

individual counseling sessions, and psychological or social support interventions, which can positively impact daily health practices.

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