

The Management of Hypertension Utilizing Nursing Theories

Hypertension management is a dire public health system concern, and control interventions remain unmet (Parati et al., 2021). Hypertension (HTN) is a chronic health problem requiring nonpharmacological and pharmacological interventions (Vamvakis, 2016). In the United States, approximately 30% of adults suffer uncontrolled hypertension, and 24% achieve optimal blood pressure control (Centers for Disease Control and Prevention, 2020). Hypertension management requires intensive patient education and counseling, reducing stroke risk, heart attack, and death (Hargraves et al., 2018). The findings underscore utilizing theoretical approaches while managing HTN, decreasing poor health outcomes. This paper discusses various nursing philosophies and theories managing hypertension, thus promoting optimal healthcare patient outcomes.

Chapter 18: Johnson's Behavioral System Model

Unmanaged hypertension precedes heart failure, thus contributing to worldwide morbidity and mortality (Oh & Cho, 2020). According to Rahmani et al. (2020), integrating nursing theory allows disease prevention through care plan development and nurse-client care guidance. Additionally, Johnson's behavioral system model includes eight behavioral subsystems involving an orderly, repetitive, and organized nurse-client system. The eight subsystems include restorative, ingestive, eliminative, aggressive, protective, dependency, sexual, affiliative, and achievement (Rahmani et al., 2020). Subsystem disturbances such as heart failure symptoms create severe system imbalances causing suboptimal functioning levels (Rahmani et al., 2020). Johnson's system describes nurses as external regulators centering care around maintaining or restoring balance (Rahmani et al., 2020).

Rahmani et al. (2020) described a nurse-led care program regarding heart failure balance utilizing Johnson's behavioral system model. Additionally, the study discovered restorative subsystem imbalance in heart failure patients regarding disease pathology and breathing disturbances. The APRN improves the patient's respirations through deep breathing exercises and relaxation technique care plans (Rahmani et al., 2020). APRNs utilize Johnson's system identifying disease imbalances and creating best practice care plans (Rahmani et al., 2020). Rahmani et al. (2020) highlighted nursing influence system balances involving support and limitation guidance such as implementing diet restrictions. Therefore, integrating Johnson's theory into practice offers nurturance and chronic disease management goal achievement, ensuring optimal patient outcomes.

Chapter 19: Roy's Adaptation Model

Kilic et al. (2018) discussed nursing theory-guided practice consistently utilizing scientific and systematic nursing care. Therefore, applying Roy's adaptation model allows solution development addressing systematic, controlled, purposeful, and effective nursing care. Roy's adaptation model directs best-practice techniques by accelerating and improving an individual's health and disease adaptation (Kilic et al., 2018). Kilic et al. (2018) signified control importance describing hypertension as highly prevalent and preventable. Therefore, Roy's adaptation model guides hypertension management treatment development, maximizing control strategies. Lifestyle modification and drug therapy adaptation improve hypertension control and overall cardiovascular health (Kilic et al., 2018).

According to Kilic et al. (2018), control progress is evident, but management and control gaps still exist. Therefore, cardiovascular risk factor complication gaps include drug therapy nonadherence, insufficient physician prescription referral, inadequate follow-up appointments,

and unhealthy habits such as smoking and poor nutrition. Roy's adaptation model utilizes conceptual structure detecting control obstacles and providing professional healthcare solutions (Kilic et al., 2018). Kilic et al. (2018) described educational programs integrating Roy's adaptation model uncovering hypertension control compliance methods. Moreover, nurses convey educational material utilizing Roy's model achieving hypertensive population disease management. Clinicians ensure optimal cardiovascular outcomes integrating chronic disease management theory techniques (Kilic et al., 2018). APRN's and nurse educators help patients manage chronic diseases utilizing adaptation techniques, improving overall health and wellbeing.

Chapter 21: Relationship-Based Care Model

Stewart (2018) outlined the relationship-based care (RBC) model involving leadership, teamwork, professional nursing practices, patient care delivery systems, resources, and outcome measurement as the six-core patient and family-centered components. Therefore, three essential relationships form the RBC model, including provider relationships with patients, families, self, and colleagues (Stewart, 2018). Nurse-patient relationships promote environmental healing through patient, family, and healthcare team member connection (Stewart, 2018). Himmelfarb et al. (2016) described a multi-faceted hypertension management approach centering patient care needs. Integrating the RBC model, Himmelfarb et al. (2016) emphasized essential hypertensive care components, including patients, primary care providers, and other healthcare team members such as dietitians and pharmacists. Therefore, team-based care provides support and connection creating medication adherence, lifestyle management, and active follow-up (Stewart, 2018 & Himmelfarb et al., 2016).

The provider-patient relationship component reinforces goals, ensures patient connection and trust, and provides a healing atmosphere (Stewart, 2018 & Himmelfarb et al., 2016). Nurses

encompass responsibility for educating patients, family members, and acquaintances, increasing hypertension management adherence (Himmelfarb et al., 2016). Involving family members and acquaintances increases support and provides daily provider education reinforcement (Himmelfarb et al., 2016). Himmelfarb et al. (2016) outlined leadership as another essential RBC model component. Holistic providers enhance patient-centered care by leading blood pressure management strategies addressing social, cultural, economic, and behavioral outcome determinants (Stewart, 2018 & Himmelfarb et al., 2016). The RBC model ensures best holistic practice hypertension management strategies, promoting optimal outcomes (Himmelfarb et al., 2016).

Chapter 22: The Theory of Caring and Healing

Duffy (2018) outlined human caring as a universally connected process integrating human struggles and tasks. Additionally, cherished patients increase care engagement, learning, following through, interacting, and healthcare goal dedication. Duffy (2018) discussed healing attainment through caring relationships while promoting healthcare decisions, interventions, and health healing. Therefore, Watson's theory of human caring and healing describes providers taking adequate time to know, be with, do, enable, and maintain other's beliefs, causing a sense of wholeness. Álvarez Najar et al. (2020) stated being with, doing, and enabling maintains patient beliefs and knowing other's reality. Furthermore, blood pressure control requires healthy feelings, thoughts, and disease management behaviors involving lifestyle modification techniques (Álvarez Najar et al., 2020). Understanding hypertension diagnosis emphasizes caring importance involving medication and healthy dieting compliance.

According to Álvarez Najar et al. (2020), patients lack the "know" element, inadequately understanding cardiovascular prevention strategies and hypertension disease pathology.

Additionally, Swanson's "being with" element implies connection by sharing feelings of fear and unpredictable outcomes. Commonly, some patients cope by self-isolating while others seek family and friend support (Álvarez Najar et al., 2020). Considering hypertension control, Swanson's element "doing for" emphasizes family member connection while coping with disease management lifestyle changes (Álvarez Najar et al., 2020). Lastly, "enabling" describes cost-efficient, minimal risk actions such as daily walks promoting self-care behaviors, thus lowering blood pressure (Álvarez Najar et al., 2020). Providers utilize the five caring processes while respecting beliefs, increasing hypertension control knowledge, sharing feelings, and emphasizing overall care importance.

Chapter 23: The Papadopoulos, Tilki, and Taylor Model

Purnell (2018) outlined the Papadopoulos, Tilki, and Taylor model describing four main components focusing on healthcare delivery services considering cultural awareness. Additionally, the four main components involve cultural awareness, knowledge, competence, and sensitivity while delivering quality healthcare. Certain cultures, such as African Americans, constitute high morbidity and mortality hypertension unmanaged rates (Beckie, 2017). Cultural awareness entails the first component, and Beckie (2017) described blood pressure improvement as healthcare providers acknowledging cultural awareness importance (Beckie, 2017 & Purnell, 2018). The second component, cultural knowledge, ensures adequate provider lifestyle counseling and health literacy knowledge while portraying culturally sensitive hypertension educational material (Beckie, 2017).

Beckie (2017) discussed racial hypertension control differences, including less aggressive treatment, limited effective medications, and genetic physiological factors; therefore, relating the third cultural competence component. Long & Ponder (2017) stated APRN's increase

hypertension control by aligning patient and provider expectations and encouraging culturally tailored educational material, thus acknowledging cultural care differences. Additionally, patient-provider communication outlines the model's sensitivity component ensuring clear roles and trust concerning medication and lifestyle modification adherence. Applying the Papadopoulos, Tilki, and Taylor model guides practitioners in presenting culturally sensitive educational material and ensures optimal hypertension management outcomes.

Implications for Advanced Practice Nurses

According to Saleh (2018), theory precedes nursing practice generating research questions and providing appropriate clinical issue interventions. Additionally, implementing practice change requires guidance, and nursing theory offers best practice recommendations. Furthermore, research findings optimize care and provide current nursing practice protocols. Making clinical decisions such as managing hypertension integrates theory and research generating evidence-based nursing care perspectives (Saleh, 2018). Nursing practice theory impacts life quality and overall patient health (Saleh, 2018).

Conclusion

Managing hypertension utilizing nursing theoretical approaches such as Johnson's behavioral system model, Roy's adaptation model, relationship-based care model, theory of caring and healing, and Papadopoulos, Tilki, and Taylor's model provides effective, efficient, and holistic care (Saleh, 2018). Hypertension affects 30% of adults; therefore, practitioners potentially decrease prevalence utilizing theory-guided care (Bangurah et al., 2017). Summarizing previously discussed information, nursing interventional theories provide valuable strategies improving uncontrolled blood pressure.

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