

Research Article

Importance of the Family Environment in the Psychological Support of Hypertensive Patients

Donnet Ervilus* 

Faculty of Humanities and Social Sciences, Franco-Haitian University of Cap-Haitian, Cap-Haitian, Haiti

Abstract

This article focuses, from an original angle, on the issue of high blood pressure (hypertension) which represents a major public health challenge in Haiti, particularly in Cap-Haitian, with low normalization despite drug treatment. Lack of family support at the hospital and non-compliance with medical recommendations often contribute to this problem. Furthermore, in the Haitian hospital environment, health professionals place much more emphasis on the physical aspect while ignoring that health involves a biopsychosocial dimension. To carry out this study, we adopted a qualitative approach. With this in mind, three patients, including two women and one man, were recruited. Their age ranges between 40 and 60 years old with a predominance of participants from privileged backgrounds. Semi-structured interviews made it possible to assess compliance with treatment and the quality of the family environment. One of the participants presented poor compliance, highlighting the significant impact of the quality of the family environment on compliance with treatment. The results indicate better compliance among patients from advantaged backgrounds, highlighting the importance of psychological support and compliance with medical recommendations. The findings of this research call for further integration of the family approach into hospital treatment of hypertension to improve therapeutic effectiveness and promote positive outcomes.

Keywords

Family Environment, Psychological Support, Patients Hypertensive

1. Introduction

In a public health context, high blood pressure (hypertension) has become a challenge identified as a major risk factor associated with premature death. She is also a personal, family and social concern. It is in this context that We initiated our study, seeking to establish the relationship between the family environment and the psychological support for hypertensive patients, an area often neglected in the medical literature.

A study conducted in Haiti in 2013 highlighted the importance of prevention and control of high blood pressure as a government and individual priority in health management.

Statistics show that one in three people suffers hypertension worldwide. The rate is high in Haiti, especially among women (more than 62% of cases). The minister at the time (Dr. Guillaume) outlined the vision of the Ministry of Public Health and Population (MSPP) that the Haitian health system would develop positively over the next 25 years, highlighting the importance of health care networks, a functional medical platform and efficient resource management as well as the idea of overcoming the problem of hypertension. [22, 19]

This work aims to address an original aspect in the treat-

*Corresponding author: donnetervilus01@gmail.com (Donnet Ervilus)

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ment of hypertension, by emphasizing the critical importance of the family environment. Originality stems from the fact that in our country, the emotional side is often neglected in the observance of the treatment of patients, whether at the purely medical level or at the psychological. It should be noted that the hypertensive patient, like any other, is an element of in a system, always interacting with its surroundings. This systemic approach will lead us to explore the roles, tensions and supports within the family environment that play a decisive role in psychological care hypertensive. [1, 10, 16]

In this research we try to answer the following question: What is the role of Family support in the psychological support of patients hypertensive in Haiti? Its aim is to show the role of the family environment in the psychological support of a person living with hypertension in the Haitian context.

2. Methodology

We chose to collect the data at the Ervilus Donnet Hospital Center (CHED), a private institution located in the borough of Cap-Haitien, Vaudreuil. It is a complete hospital facility with various specialties, with a notable presence in the field of clinical psychology and psychopathology.

It meets the needs of the population of the Haitian agglomeration as a hospital serving both nationally and internationally.

We targeted three profiles for our population: hypertensive patients (a person), members of the family environment (one person) and staff caregiver (two people).

At this level, the qualitative approach was preferred because of its relevance in the collection of subjective data such as psychological experiences. [21] Methods observation and maintenance were selected as the main tools. Interview semi-structured methods are preferred, as they allow information to be gathered without influencing participants' responses.

Two specific tools have been developed for this study: an observation grid and A semi-structured interview guide. The observation grid is structured around the following objectives of the study to ensure systematic data collection. The guide consists of three main parts designed to guide interviews with caregivers and the family environment.

Particular attention has been paid to confidentiality and compliance with the rules Ethical.

3. Results

This Clinical Study Examines Three Cases of Hypertensive Patients in Haiti, Revealing Challenges family and socio-economic issues in the hospital setting. Cases have financial barriers, family tensions, and logistical difficulties, highlighting the importance of a holistic approach that takes into account family dynamics in the Management of hypertensive patients in Haitian hospitals.

3.1. First Case

In terms of comprehension, this first case attempts to present Paul's general state on the emotional, physiological, semiological and psychological levels, which are the most important aspects of the basic concepts of research.

Paul lives in Vaudreuil, an area of the commune of Plaine du Nord. It features symptoms such as chest pain, upper extremity cramps, and headaches. When his blood pressure was measured, it rose to PA: 210/110 and a pulse rate of 107 beats per minute. Paul admits to having high blood pressure for more than twenty years. Following his severe pain, for fear of a worsening of the situation, he decided to Go to the hospital immediately to avoid any complications. Despite the intense pain, he came alone. He was forced to take a motorcycle because he had no one to accompany it.

Paul did not follow medical prescriptions regularly. He explains that the lack of the means to obtain drugs that are very expensive, as well as The problem of accompaniment prevented him from following the prescriptions as he did. ought. In addition, he lives alone, he sometimes feels unable to get up to take the medication and he forgets at times. These situations make him sad, and sometimes he cries.

3.2. Second Case

Gertrude, 53 years old, lives in Haut du Cap, an area of the municipality of Cape Town. Haitian Creole. She complains of chest pain, upper extremity cramps, and headaches. When his blood pressure is taken, it rises to PA: 170/100 and a pulse rate of 101 beats per minute. After five days in the hospital, she thinks that she can go home. Gertrude asks the doctor if she can go home: The doctor instructs the nurse to take all of her vital signs to assess if she is. All the conditions are in place for his return home. After the doctor has analyzed his file and his analyses, he found that the conditions were not met so that she can leave.

Gertrude accuses her son of complicity with the doctor. After the physician leaves, Gertrude's son returns to his bedside. Well informed of the decision, he wants to oppose it, worried that Gertrude wouldn't recover well enough to return home. Gertrude gets angry; She accuses her son of wanting to keep her in the hospital when she herself does not and that the doctors had given their consent. The son will then talk to the nurse; He asks for an explanation of the exit and expresses his disagreement.

Nurse Z., to whom he had spoken, advised him to speak directly to the doctor. always present in the service. When he meets Dr. V. in the hallway, the son Gertrude reiterates her fears about her mother's exit. He complains that it accuses her of wanting to keep her in the hospital, while he only cares about her health. He prefers to know that she is in the hospital supervised and monitored.

Faced with these arguments, Dr. V. agreed to re-examine the file to determine whether there was any whether or not to

grant the exit. The file is retrieved from Nurse B., and then the doctor and the two nurses discuss for a moment the pros and cons of going out. Finally, Doctor V. warns Gertrude that he prefers to keep her for a few more days to the hospital to make sure he recovers.

3.3. Third Case

Alexandra, 55, lives in Vertières, a commune in Cap-Haitien. She was hospitalized for 7 days without family assistance, brought to the hospital by a neighbor. Pressure Blood pressure at admission is BP: 195/100 and a pulse rate of 103 beats per minute.

She has been a hypertensive patient for more than 16 years and is regularly monitored by the cardiologist at the Centre Hospitalier Ervilus Donnet (CHED). Hypertension can be traced back to a long period of time. eclampsia during the delivery of her first child at the age of 39. Hospitalized Without family assistance, his bed was allocated to a new arrival.

Alexandra explains that she had to look for her medication on her own, as she had no one to accompany him. Despite her efforts, she has no support. She came to the hospital with no friends or family to help him, no financial means to buy the medications. She hoped to find a charitable person to buy them, but to no avail. When she returned, she discovered that her bed had been assigned to someone else. When she asked to get her bed back, she was met with the familiar response from the nurses: "Whoever goes hunting loses his place."

Eventually, after contacting another nurse, Alexandra got another bed in the hospital ward.

3.4. Summary of Cases

These cases underscore the urgent need for a holistic approach to patient management hypertensive patients in a Haitian hospital setting, with particular consideration of the dynamics of Family. Paul, faced with chest pains and financial constraints, reveals Difficulties in regularly following medical prescriptions due to isolation. Gertrude reveals family tensions impacting her care, with disagreements over her hospitalization between her and her son. Alexandra, hospitalized without assistance, exposes the logistical and financial challenges that hinder their access to care.

These situations reveal the complexity of family and socio-economic interactions influencing management of hypertension. Paul's isolation highlights the financial impact on compliance with the treatment. Gertrude's family tensions highlight the conflicts of opinion about the hospital discharge. Alexandra's case illustrates the difficulties of accessing medication in Lack of support. By integrating these family aspects, comprehensive care could improve the management of hypertension in Haiti, thereby optimizing clinical outcomes and responding to the specific needs of the hypertensive population in this context. The following article focuses on the in-

terpretation of these cases in a more in-depth manner.

4. Discussion

The first case offers an opportunity for in-depth exploration of the crucial role of the family environment in the psychological management of hypertensive patients. High blood pressure, a chronic condition that requires careful management, requires a holistic approach where family support plays a central role. [23, 24]

Paul, who has had high blood pressure for more than twenty years, chose to go to the hospital alone despite the intensity of her pain, highlighting the crucial lack of family support. The absence of companionship can act as an additional stressor, contributing to the worsening of the hypertensive condition. Previous studies have highlighted the beneficial effect of a family support network on the management of hypertension, alleviating stress levels and promoting medication adherence.

The lack of compliance with medical treatment, mentioned by Paul, is a relevant element to be considered in the context of the influence of the family environment. Obstacles, financial constraints and the absence of relatives to ensure that medication is taken regularly contribute to ineffective management of the disease. Studies have shown that Collective management of hypertensive patients by the family significantly improves adherence [18].

The sadness expressed by Paul, attributed to his loneliness, raises the question of dimension in the management of hypertension. Previous research has pointed to the strong link between emotional well-being and cardiovascular health, highlighting evidence of the importance of a supportive family environment in mitigating psychological implications of illness [11, 14, 15, 17].

The second case presents a complex perspective on the impact of the environment on hypertension management and medical decision-making. Experience highlights the challenges related to family support, interpersonal tensions and the influence of family context on the healing process.

Gertrude, who struggled with chest pain, cramps, and headaches, expressed a desire to return home after five days in hospital. However, obstacles emerge when his son opposes this decision, raising concerns as to his full recovery. The confrontation between Gertrude and her son family tensions, which are often exacerbated in the medical context. Such a reality is not without influence on the treatment process.

In addition, Gertrude's accusation that her son is cooperating with the doctor emphasizes the complexity of family relationships in the decision-making process of medicine. It is important to note that scientific advances indicate that can significantly influence treatment choices and adherence medication in hypertensive patients [2, 3, 5-7].

The intervention of the nurse suggesting that the son go directly to the doctor stresses the importance of transparent communication in the hospital setting. Family interactions can create complex dynamics that require a careful approach to

ensure the well-being of the patient [8].

The third case highlights the profound implications of the family environment on Hypertension Management and the Challenges Faced by Patients Without Family Support adequate.

Alexandra's story highlights the lack of family support during her Seven days of hospitalization, with admission initiated by a neighbor. Absence of family assistance outlines the difficulties that patients may face when they face serious health problems. This can lead to additional psychological challenges, which affect the management of hypertension [13].

Alexandra's case also raises the issue of medication adherence, which is very difficult to achieve. important in the control of hypertension. Her need to search for her own highlights the financial barriers that some patients may face. be confronted. This underscores the importance of integrated approaches that take into account the social determinants of health in the management of hypertension [4].

Alexandra's confrontation with the situation where her bed has been allocated to another patient on his return, illustrated by the phrase "He who goes hunting loses his place", exposes the logistical challenges and the possible insensitivity of the hospital system to the reality of patients.

Finally, the third case highlights the urgency of a holistic approach in the management of the burden of hypertensive patients, integrating psychological and social considerations. The influence of the family environment on the management of hypertension is multidimensional, and health care professionals need to take these aspects into account to ensure optimal care [9].

The interviews we conducted with patients not only expose the challenges of medical conditions, but also the psychological and emotional nuances to which they are subjected. Face. Fear of deterioration prompts Paul to immediately seek medical help, even if he is alone. Gertrude, surrounded by her family, expresses the desire to returning home, emphasizing the need for emotional stability.

Alexandra, hospitalized without family assistance, reveals concerns related to the lack of social support. The absence or presence of a family environment plays a central role in supporting a person living with high blood pressure.

5. Conclusion

In light of the key findings drawn from the data acquired through this research, it should be emphasized that the family environment is crucial in supporting psychological analysis of hypertensive patients in a hospital setting. The understanding that patients have a significant impact on their disease is clearly influenced by their family interactions.

There is therefore a need to design targeted interventions and specific educational programs to make patients aware of their health condition.

The Importance of Strengthening Support Mechanisms in

the Family Environment was just another discovery for us. Patients with hypertension not only benefit from a better understanding of their disease, but also a strong support network within their families [4, 12, 20]. The initiatives that focus on raising awareness and educating family members can contribute to the creation of environments conducive to the management of hypertension.

In addition, the interviews highlight the economic barriers that may affect adherence to treatment in hypertensive patients. By integrating measures to overcome these economic barriers as part of a therapeutic education, it may be possible to promote a better. As a result, final recommendation is to adopt an integrated approach that combines information, increased family support and solutions to economic problems to optimize the control of high blood pressure and improve patient health outcomes. adherence to treatment and better clinical outcomes.

Abbreviations

MSPP	Minist ère de la Sant é Publique et de la Population (Ministry of Public Health and Population)
CHED	Centre Hospitalier Ervilus Donnet Ervilus Donnet Hospital Center
PA	Pression Art érielle (Blood Pressure)

Author Contributions

Donnet Ervilus is the sole author. The author read and approved the final manuscript.

Conflicts of Interest

The author declares no conflicts of interest.

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