

Hypertensive Patients' Perceptions of Their Disease: A Phenomenological Study

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Abstract: Hypertension is a non-communicable disease with high prevalence and a substantial risk of serious complications if not properly managed. Patients' perceptions of hypertension play a crucial role in shaping health-related behaviors, particularly medication adherence and the adoption of healthy lifestyles. This study aims to explore and analyze patients' perceptions of hypertension, the factors influencing these perceptions, and their implications for disease management and treatment adherence. This study employed a qualitative phenomenological design. Data were collected through semi-structured in-depth interviews with 17 patients diagnosed with hypertension who attended routine follow-up visits at Nogosari Primary Health Care Center, Boyolali, Central Java, Indonesia. Participants were selected until data saturation was achieved. Data were analyzed using thematic analysis. The findings showed that all patients perceived hypertension as a dangerous disease, mainly due to the risk of complications such as stroke and heart disease. However, patients' levels of understanding regarding the definition, disease mechanisms, and complications of hypertension varied. Hypertension management, as perceived by patients, included dietary regulation, physical activity, stress management, and regular medication use, although inconsistencies in implementation were reported. Better perceptions of hypertension tended to encourage improved medication adherence and healthier lifestyle behaviors. This study highlights the importance of continuous health education to enhance patients' understanding and management of hypertension.

Keywords: hypertension, perception, treatment adherence, qualitative

1. Introduction

Hypertension is one of the major non-communicable diseases and represents a significant public health problem at both global and national levels (Julianty et al., 2020). It is often referred to as a silent killer because it typically presents without specific symptoms, yet it can lead to serious complications such as heart disease, stroke, kidney failure, and visual impairment if not adequately managed (Kusuma et al., 2025; Mills et al., 2021). Data from the Basic Health Research indicate a high prevalence of hypertension across various age groups, affecting not only older adults but also individuals of productive age (Riskesdas, 2018). This situation is also reflected

at the regional level, including Boyolali Regency, which reported a high number of hypertension cases according to the Boyolali Regency Health Profile in 2024 (Boyolali District Health Office, 2024).

The successful control of hypertension depends not only on pharmacological therapy but also on patient-related factors, particularly medication adherence and the adoption of healthy lifestyle behaviors (Ihwatun et al., 2020; Dalal et al., 2021). Levels of medication adherence remain variable and are influenced by patients' knowledge and perceptions of their illness (Anshari, 2020). Inaccurate or inadequate perceptions may lead patients to discontinue treatment when symptoms diminish or when they perceive their condition as having improved (Kartinah & Wulandari, 2024). The Health Belief Model explains that health-related behaviors are shaped by individuals' perceptions of disease severity, susceptibility to complications, perceived benefits of action, and perceived barriers (Buana et al., 2023). Positive and accurate perceptions can promote treatment adherence and lifestyle modifications, such as adherence to a low-salt diet and regular physical activity, thereby potentially reducing the risk of hypertension-related complications (Lubis et al., 2024).

Previous studies have predominantly employed quantitative approaches, which may not fully capture the lived experiences and subjective perspectives of patients with hypertension (Pratama et al., 2020). A qualitative approach using a phenomenological design is therefore needed to explore in depth patients' perceptions and experiences in managing hypertension (Subagyo & Kristian, 2023). Accordingly, this study aims to explore hypertensive patients' perceptions of their disease, the factors influencing these perceptions, and their implications for disease management and treatment adherence in primary healthcare settings. The findings of this study are expected to provide a comprehensive understanding of how patients perceive hypertension, which may serve as a basis for healthcare professionals in developing more effective education, communication, and intervention strategies.

2. Materials and Methods

This study employed a qualitative research design with a phenomenological approach aimed at exploring in depth hypertensive patients' perceptions of their disease and the implications for disease management and treatment adherence. A qualitative approach was chosen because it enables the exploration of subjective experiences, perspectives, and meanings constructed by patients as they live with hypertension in their daily life contexts. The study was conducted at Nogosari Primary Health Center, Boyolali, Central Java, Indonesia. The informants were patients with hypertension who attended routine follow-up visits and were selected using purposive sampling. The inclusion criteria were adults aged ≥ 18 years, having been diagnosed with hypertension by a healthcare professional, being able to communicate verbally in Indonesian, and providing informed consent to participate in the study. Patients with a duration of hypertension of ≤ 6 months were excluded. Data were collected through in-depth interviews with 17 informants until data saturation was achieved. The interviews were conducted face-to-face and audio-recorded with the participants' consent.

The interview data were transcribed verbatim and analyzed using thematic analysis. The analytical process involved repeated reading of the transcripts, initial coding, grouping of codes into main themes, and reviewing and defining themes that represented patients' perceptions of hypertension. To ensure data trustworthiness, source triangulation and prolonged researcher engagement were applied throughout the data collection and analysis processes. The results of the analysis are presented in a descriptive narrative format that illustrates patients' perceptions, experiences, and behaviors in the management of hypertension. ##This study was approved by the

Health Research Ethics Committee of Dr. Moewardi, (No: 2.228 / X / HREC / 2025). All participants were provided with a complete explanation of the study objectives and procedures prior to data collection, and written informed consent was obtained from all participants. Confidentiality and anonymity of participants were strictly maintained throughout the study.

3. Results and Discussion

Table 1. Demographic data of informants.

Informant Characteristics	Amount	%
Age		
Over 60 years old	9	53
Under 60 years old	8	47
Gender		
female	9	53
male	8	47
Education		
elementary school	2	11,8
junior high school	8	47
senior high school	5	29,4
S1	2	11,8
'Duration of hypertension (years)		
for a long time		
1,5 year	1	5,9
2 year	4	23,5
3 year	3	17,6
4 year	2	11,8
5 year	4	23,5
6 year	1	5,9
8 year	1	5,9
10 year	1	5,9

Based on Table 1., this study involved 17 patients with hypertension as informants who routinely attended follow-up visits at Nogosari Primary Health Care Center, Boyolali Regency. The informants exhibited diverse demographic characteristics, including age, sex, level of education, and duration of hypertension, thereby providing a varied perspective on patients' experiences and perceptions in managing hypertension.

Table 2. Category Number of informants.

category	amount	%
Viewing hypertension as a dangerous disease	17	100
Have an understanding of the complications of hypertension	11	64,7
Have an understanding of preventing hypertension complications	14	82,3
Have an understanding that hypertension is high blood pressure	12	70,5
Have varied dietary and physical activity behaviors	17	100
Have adherence to treatment	14	82,3
Carrying out hypertension medication control	14	82,3
Having a history of hypertension which strengthens motivation	12	70,5
Patients who receive family support	15	88,2
Get information sources in accordance with health principles	13	76,4
Patients who accepted the diagnosis	10	58,8
Patients who struggled to accept the diagnosis	7	41,1

Qualitative data were analyzed using Open Code software, resulting in the identification of 12 categories. These categories were derived through an iterative coding process and represent the core dimensions of participants' experiences, as shown in tables 3, 4, and 5.

Table 3. The process of converting meaning units to code

Topic	Meaning unit	Code
Forms of acceptance of hypertension	"Thank God I'm fine, because if I wasn't tired I wouldn't be tall."	Accept with sincerity
	"I'm not complaining, it's because of God, it's God's destiny, it's God's destiny. So I've surrendered to God, don't give up. Just try, everything is destined by God. We don't know that secret, only God knows, it's God's secret. I'm trying and being patient."	Surrender and endeavor
	"Yes, you have to try to accept it and not let it get worse, as I call it. This is the first	Try to accept

	time I've had a serious case. Yesterday, I had a check-up with no complaints. I went up and down the stairs to the PKU, and my blood pressure went up to 200. Well, that was it, and it hasn't happened again since."	
	"Yes, if I complain, I still take the medicine hahaha."	Complaining but taking medicine
	"Complaining is complaining, sis, but just be patient."	Complaining but patient
Forms of family support for hypertension	"Yes, thank God, the children and family support us."	Children and family support
	"The reaction is to be patient, take your medication regularly, if the doctor says so, just do it."	Told to take medication regularly and obey the doctor
	"My wife's main thing is that when she cooks, it's not too salty."	Wife cooks not salty
Origin of the source of information obtained	"Yes, from the doctor, miss. Sometimes when we hang out at food stalls, people tell us not to eat salty food."	Information from doctors and friends
	"Because of the outreach, I've also been involved in the elderly posyandu. I'm also a cadre for the elderly posyandu, thank God, so I know."	information from counseling and elderly health posts
	"From the doctor. During my examination, the nurse told me, 'I want a doctor like that, miss.' Anyway, I want a doctor. I want to be healthy, and I want to be healthy."	information from the doctor during the consultation
family history of hypertension	"My mother has hypertension. Hopefully, it's enough for me. Hopefully, my children and grandchildren won't have to."	Maternal history of hypertension
	"My entire family is descended from me, miss. My older family members, when I tell them, tend to belittle them because I'm the youngest in the family."	All family history of hypertension

Table 4. Process code to subcategory

Topic	Code	Sub category
Forms of acceptance of hypertension	Accept with sincerity	Patients who accepted their hypertension diagnosis
	Surrender and endeavor	
	Try to accept	
Forms of family support for hypertension	Complaining but taking medicine	Patients who had difficulty accepting their condition
	Complaining but patient	
	Children and family support	
Origin of the source of information obtained	Told to take medication regularly and obey the doctor	most patients receive family support
	Wife cooks not salty	
	Information from doctors and friends	
Family history of hypertension	Information from counseling and elderly health posts	sources of information in accordance with health principles
	Information from the doctor during the consultation	
	Maternal history of hypertension	
	All family history of hypertension	A history of hypertension strengthens motivation

Table 5. Subcategory to category process

Topic	Subcategory	category
Forms of acceptance of hypertension	Patients who accepted their hypertension diagnosis	Acceptance of hypertension varies
	Patients who had difficulty accepting their condition	
Forms of family support for hypertension and sources of information obtained	A history of hypertension strengthens motivation	perceptions regarding sources of information, family history, support
	Most patients receive family support	
	sources of information in accordance with health principles	

1. The view that hypertension is a dangerous disease

a. Dangerous Hypertension Disease

The interview results indicated that all informants perceived hypertension as a dangerous disease. This perception is reflected in the statement of one informant: *“It is dangerous. If it is not well controlled, it can lead to more severe diseases”* (S, 62 years). Such perceptions were primarily based on concerns about serious complications, including stroke, heart disease, and a decline in functional capacity. Overall, patients

demonstrated a relatively high level of awareness regarding the severity of hypertension.

b. Understanding Hypertension Complications

The interview results indicated that patients' knowledge regarding hypertension-related complications varied considerably. One participant stated, *"What is it, miss. Very dizzy, stiffness in the legs. But after moving around it becomes normal, sometimes it feels stiff (laughs). Sometimes when I wake up, my stomach feels uncomfortable and painful"* (SS, 67 years). This perception suggests that patients often associate common daily physical complaints with complications of hypertension.

c. Prevention of Hypertension Complications

The interview findings indicated that patients' understanding of strategies to prevent hypertension-related complications varied considerably. One participant stated, *"Regular exercise and limiting food intake"* (S, 35 years). This response indicates that patients perceive the prevention of hypertension complications as being achievable through dietary restriction and regular physical activity.

d. Most patients perceived hypertension as elevated blood pressure.

Most patients demonstrated an adequate understanding of the definition of hypertension, commonly perceiving it as a condition characterized by elevated blood pressure, as expressed by one informant: *"Hypertension is high blood pressure"* (J, 75 years).

2. Implementation of Health Management Behavior

a. Dietary Behavior and Physical Activity Varies

"I exercise every day, because I am active while running my business. As for food, I avoid fried foods" (S, 68 years). Most patients demonstrated an understanding of the need for regular hypertension management.

b. Medication Compliance Varies

The interview findings revealed that most participants indicated that hypertension treatment needs to be taken routinely. Variations in medication-taking frequency were also identified during the interviews. One participant stated, *"I take three medications: amlodipine, bisoprolol, and candesartan. One in the morning, one at noon, and one in the afternoon; I take them regularly"* (S, 35 years). This statement reflects a patient's account of antihypertensive medication use.

c. Treatment Control Varies

Nearly all patients demonstrated a similar pattern of hypertension management, characterized by efforts to monitor their blood pressure on a monthly basis. This finding was supported by one participant's statement, *"Here, miss, once a month"* (JM, 56 years).

3. Perceptions Regarding Information Sources, Family History, Family Support

a. History of Hypertension Strengthens Motivation

Several patients reported having parents, either their mother or father, who had been diagnosed with hypertension. This was illustrated by one participant who stated that her mother had hypertension, *"Yes, my mother. At that time, all of her children were busy, so*

no one realized she had hypertension, by the time we found out, she had already suffered a stroke" (W, 59 years).

b. Most Patients Receive Family Support

Based on the interview findings, the forms of family support experienced by patients varied widely. The most commonly reported type of support was reminders to take medication regularly, as expressed by one participant, *"My child always reminds me to take my medication"* (W, 61 years).

c. Information Sources in Accordance with Health Principles

Informants obtained information about hypertension from various sources, including healthcare providers at primary health care centers, social media, and personal experiences. Most informants reported that healthcare providers were the most trusted source of information, as reflected in the statement, *"From the doctor during follow-up visits"* (S, 45 years).

4. Acceptance of Hypertension Varies

a. patient received hypertension

Most patients appeared to have accepted their hypertensive condition and demonstrated efforts to engage in optimal self-care. This was reflected in one participant's statement, *"Yes, I accept it as it is and just keep trying. Alhamdulillah, I am already grateful for my current condition"* (S, 68 years).

b. patient cannot accept hypertension

In addition, some patients reported that they still frequently complained about symptoms they attributed to hypertension, as illustrated by one participant's statement, *"I do complain, miss, but it is my knee; I don't really feel dizzy"* (W, 52 years).

The findings of this study demonstrate considerable variation in patients' perceptions, which are influenced by personal experiences, information from healthcare professionals, and family or environmental exposure to hypertension-related complications. This is consistent with previous studies showing that patients' perceptions and beliefs significantly influence their health-related behaviors, particularly medication adherence and disease management (Burnier and Egan, 2019).

Hypertension remains a major global health problem and a leading cause of mortality, yet its control is still suboptimal, largely due to poor adherence and inadequate patient understanding (Kusuma et al., 2025). Awareness of hypertension as a dangerous disease represents an important foundation for behavior change; however, this awareness is not always accompanied by a comprehensive understanding of its causes and management. Similar findings have been reported in international studies, which indicate that patients often have fragmented or inaccurate knowledge about hypertension, leading to inconsistent treatment adherence and poor blood pressure control (Shiraly et al., 2022). However, it is not always accompanied by a comprehensive understanding of the mechanisms and management of hypertension (Kartinah & Wulandari, 2024).

Furthermore, the variability in patients' understanding of the definition, causes, and disease trajectory of hypertension identified in this study indicates the persistence of information gaps at

the primary health care level. This finding is consistent with previous studies reporting that knowledge levels among patients with hypertension vary widely and are influenced by educational background and sources of information (Juniarti et al., 2023). Inadequate or incomplete understanding may lead patients to perceive hypertension as a temporary condition that resolves when symptoms subside (Anshari, 2020).

Patients have undertaken hypertension management efforts in accordance with the Indonesian hypertension management guidelines, including dietary modification, salt intake restriction, physical activity, stress management, and the use of antihypertensive medications, as recommended in hypertension management guidelines (PERHI, 2021). However, inconsistent adherence to treatment and lifestyle modifications remains common, particularly with regard to medication compliance.

The reasons reported by patients—such as forgetfulness, work-related busyness, and concerns about the long-term side effects of medications—have also been identified in previous studies as barriers to treatment adherence among patients with hypertension (Siswati et al., 2023). These findings are consistent with the Health Belief Model, which posits that health behaviors are influenced by individuals' perceptions of disease severity, perceived benefits of action, and perceived barriers (Buana et al., 2023).

Patients with more accurate and positive perceptions of hypertension tend to demonstrate higher medication adherence and greater consistency in adopting healthy lifestyles (Ihwatun et al., 2020). Conversely, inadequate or inaccurate perceptions may increase the risk of hypertension-related complications, including chronic kidney disease and heart failure (Arub & Siyam, 2024).

Informants' perceptions of health information sources indicate that healthcare professionals are still regarded as the primary and most credible source in hypertension management, particularly with respect to pharmacological treatment and lifestyle modification (Chrismilasari & Negara, 2022). This finding is consistent with previous studies highlighting that direct education provided by healthcare professionals plays a crucial role in improving patients' understanding of chronic diseases, including hypertension (Kristina et al., 2024).

In contrast, reliance on informal sources of information, such as family members and neighbors, may lead to misconceptions if not accompanied by adequate health literacy (Sari & Maesaroh, 2022). A family history of hypertension has been shown to significantly influence patients' risk perception and awareness of potential complications. Patients with family members who have experienced stroke or heart disease tend to exhibit higher perceived threat and greater vigilance regarding their health condition (Purhadi & Sabardi, 2025).

Family support also emerged as an important determinant of successful hypertension management, particularly in relation to medication adherence and dietary regulation. Instrumental and emotional support from family members has been shown to enhance patients' motivation to adhere to long-term treatment (Siswati et al., 2023). In addition, emotional and social factors, including family support, have been shown to significantly influence adherence and long-term disease management (Burnier *et al.*, 2025).

The interview findings highlight the importance of continuous, patient-needs-oriented health education in the management of hypertension at the primary health care level (Chrismilasari & Negara, 2022). Effective education and patient-centered communication are expected to improve patients' perceptions, enhance treatment adherence, and reduce the long-term risk of hypertension-related complications (Susanti & Triyana, 2022).

4. Conclusions

Patients generally perceive hypertension as a serious condition; however, their understanding of its causes and underlying mechanisms remains inconsistent. A family history of hypertension appears to increase patients' risk perception and awareness, which may contribute to more vigilant disease management. Healthcare professionals are identified as the most trusted source of information, while family support plays a significant role in enhancing medication adherence and promoting healthier lifestyle behaviors. Overall, more accurate and comprehensive patient perceptions are associated with improved consistency in hypertension management..

References

- Anshari, Z. (2020). Komplikasi hipertensi dalam kaitannya dengan pengetahuan pasien terhadap hipertensi dan upaya pencegahannya. *Jurnal Penelitian Keperawatan Medik*, 2(2), 1–6.
- Arub, L. P., & Siyam, N. (2024). Kejadian penyakit ginjal kronik pada penderita hipertensi. *HIGEIA (Journal of Public Health Research and Development)*, 8(1), 63–73.
- Buana, C., Tarwoto, T., Bakara, D. M., & Sutriyanti, Y. (2023). Implementation of the Health Belief Model in preventing complications of diabetes mellitus. *Quality: Jurnal Kesehatan*, 17(1), 10–18. <https://doi.org/10.36082/qjk.v17i1.875>
- Burnier, M., et al. (2025). Patient perceptions, motivations, and barriers to treatment adherence in hypertension: Results of a questionnaire-based survey in five European countries. *Blood Pressure*, 34(1), 1–10. <https://doi.org/10.1080/08037051.2025.2513434>
- Burnier, M., & Egan, B. M. (2019). Adherence in hypertension. *Circulation Research*, 124(7), 1124–1140. <https://doi.org/10.1161/CIRCRESAHA.118.313220>
- Chrismilasari, L. A., & Negara, C. K. (2022). The effectiveness of health education in increasing family knowledge about hypertension. *Journal of Education*, 1(1), 1–6.
- Dalal, J. J., et al. (2021). Therapeutic adherence in hypertension: Current evidence and expert opinion from India. *Indian Heart Journal*, 73(6), 667–673. <https://doi.org/10.1016/j.ihj.2021.09.003>
- Dinas Kesehatan Kabupaten Boyolali. (2024). Profil kesehatan Kabupaten Boyolali 2024.
- Ihwatun, S., Ginandjar, P., Saraswati, L. D., & Udiyono, A. (2020). Factors associated with medication adherence among hypertensive patients in Semarang. *Jurnal Kesehatan Masyarakat*, 8(3), 352–359.
- Julianty, P., Kusumawardani, N., & Rachmalina, R. (2020). Hipertensi: Pembunuh terselubung di Indonesia. Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI.
- Juniarti, B., Anjar, F., Setyani, R., Aquino, T., & Amigo, E. (2023). The relationship between knowledge level and medication adherence among hypertensive patients. *Jurnal Keperawatan*, 8(1), 1–8.

- Kartinah, K., & Wulandari, P. (2024). Knowledge level and dietary adherence among elderly patients with hypertension. *Holistik Jurnal Kesehatan*, 18(2), 194–201.
- Kristina, Y., B. F., Suweni, K., & Sinaga, E. (2024). Improving community knowledge through health education in hypertension prevention. *Jurnal Kreativitas Pengabdian Kepada Masyarakat*, 7, 1415–1428.
- Kusuma, N. D., Ariwibowo, D. D., & Tarumanagara, U. (2025). Description of hypertension complications at RSUD Cengkareng 2021–2022. *Jurnal Kesehatan*, 7(1), 370–381.
- Lubis, E., Sutandi, A., Dewi, A. S., & Dewi, A. (2024). The effect of family support on anxiety levels in patients undergoing major surgery. *Jurnal Keperawatan*, 3(4), 31–42.
- Mills, K. T., Stefanescu, A., & He, J. (2020). The global epidemiology of hypertension. *Nature Reviews Nephrology*, 16(4), 223–237. <https://doi.org/10.1038/s41581-019-0244-2>
- PERHI. (2021). Konsensus penatalaksanaan hipertensi 2021. Indonesian Society of Hypertension. http://www.inash.or.id/upload/event/event_Update_konsensus_2019123191.pdf
- Pratama, I. B. A., Fathnin, F. H., & Budiono, I. (2020). Analysis of factors influencing hypertension. *Prosiding Seminar Nasional Pascasarjana UNNES*, 3(1), 408–413.
- Purhadi, P., & Sabardi, A. (2025). The relationship between family history and hypertension incidence. *Journal of TSCNers*, 10(1), 147–155.
- Riskesmas. (2018). Laporan nasional Riskesdas 2018. Badan Penelitian dan Pengembangan Kesehatan. <https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/>
- Sari, O. H., & Maesaroh, M. (2022). The relationship between information sources and knowledge level among adolescent girls. *Jurnal Kesehatan Masyarakat dan Lingkungan Hidup*, 7(2), 176–182.
- Siswati, S., Sari, D. S. A., Praningsih, S., Maryati, H., & Nurmalinsyah, F. F. (2023). Factors influencing adherence to antihypertensive medication. *Jurnal Ilmiah Keperawatan*, 9(5), 669–675.
- Shiraly, R., Jeihooni, A. K., & Shirazi, R. B. (2022). Perception of risk of hypertension-related complications and adherence to antihypertensive drugs: A primary healthcare-based cross-sectional study. *BMC Primary Care*, 23, 1–7. <https://doi.org/10.1186/s12875-022-01918-1>
- Subagyo, A., & Kristian, I. (2023). *Metode penelitian kualitatif*. CV Aksara Global Akademia.
- Susanti, M., Triyana, R., & N. (2022). Hypertension education and prevention of complications among primary healthcare patients. *Jurnal Abdimas Saintika*, 3(2), 153–157.