

# ORIGINAL REPORTS: CARDIOVASCULAR DISEASE AND RISK FACTORS

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## ASCRIBING MEANING TO HYPERTENSION: A QUALITATIVE STUDY AMONG AFRICAN AMERICANS WITH UNCONTROLLED HYPERTENSION

**Objective:** The objective was to elicit patients' perceptions regarding the meaning of hypertension and to identify the personal, social, and environmental factors that might influence their perceptions.

**Design:** Qualitative study

**Setting:** Adult ambulatory care practice

**Participants:** African American patients with uncontrolled hypertension

**Intervention/Methods:** In-depth structured interviews were conducted with a purposive sample of 60 patients. Interviews were audio-taped, transcribed verbatim, and analyzed by using grounded theory.

**Results:** Patient descriptions of hypertension were grouped into three categories: 1) their thoughts on hypertension; 2) the consequences of hypertension; and 3) the impact that having hypertension had on their lifestyle. Factors that might have shaped how patients described hypertension were grouped into three categories: 1) the experiences of their social networks such as family and friends; 2) their personal experiences; and 3) information about hypertension that they might have gathered from the medical literature or during an encounter with a healthcare provider. Patients with family members who had experienced hypertension-related complications such as stroke were more likely to view hypertension as a serious condition. Patients who themselves experienced hypertension-related symptoms and who also had family members with a history of hypertensive disease were more likely to describe a willingness to make lifestyle changes.

**Conclusions:** In this study, personal experiences, experiences of family and friends, and encounters with the healthcare environment influenced patients' perceptions of hypertension and their willingness to make lifestyle changes. These findings can be used as a framework for helping to tailor effective and culture-specific interventions. (*Ethn Dis.* 2007;17:29-34)

**Key Words:** African American, Hypertension, Qualitative Study

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### INTRODUCTION

Approximately 17,000,000 African American adults have hypertension.<sup>1-3</sup> African Americans experience hypertension at an earlier age and have higher morbidity and mortality rates than do Whites. For example, compared to Whites, African Americans have almost twice the rate of hypertension-related fatal stroke, one and a half times the rate of heart disease death, and almost four times the rate of end-stage kidney disease.<sup>4-8</sup> One explanation for this disparity might be the discrepancies between the patient's and healthcare provider's understanding of hypertension and its management.<sup>9-11</sup> In order to effectively reduce the burden and adverse effects of hypertension among African Americans, healthcare providers must first understand the cultural and social factors that shape their perceptions of hypertension.

Patients have their own perceptions as to what hypertension means and how it should be treated. Eliciting patients' explanatory models of illness provides a basis for understanding the way in

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which patients conceptualize the cause, course, and appropriate management of an illness.<sup>12,13</sup> Explanatory models result from a myriad of social and cultural experiences that may, in part, influence health outcomes, health-seeking behavior, and adherence to recommendations.<sup>11,12,14-16</sup> Patients' explanatory models often differ from their physicians' biomedical models of disease and therefore may be unknown or less understood by the physician.<sup>17</sup> Patient explanatory models may also help to clarify the factors that helped to shape their understanding of an illness. Without an understanding of the patient's perception of illness, physicians may make recommendations that are incongruous with the patient's beliefs and that are inconsistent with their reality. Therefore, understanding how patients perceive illness and factors that influence their perception can improve the provision of quality care that is responsive to their specific needs.

Among African Americans with hypertension, our objective was to elicit

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