MÄLARDALEN UNIVERSITY
SWEDEN
School of Health, Care and Social Welfare

SUK - A companion to promoting well-being among overweight hypertensive older people

Health Seeking Behaviour among Overweight Hypertensive Older People

A qualitative study

Seminar version

Thesis in: Caring science

Credit: 15 hp

Program: Nursing

Course code: VAE021

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Abstract

Health seeking behaviour is important in older people with hypertension and overweight, in terms of managing health factors that are related to their health and illness. However, health seeking behaviour of Thai older people is not well documented. This qualitative study aimed to describe health seeking behaviour of overweight hypertensive older people. Seven older women and three men participated in this study through purposive sampling. Qualitative data were gathered via in-depth interviews and were analyzed using content analysis. The results of this study illustrated that older people started to seek health care after understanding the need to seek health care due to the severity of their symptoms. The older people began illness management by using their knowledge to take care of themselves. If management was ineffective, they would seek health care from professional health care providers and traditional healers. Additionally, family members play important roles in the health seeking behaviour of older people. In particular, Thai older people with hypertension and overweight demonstrate various health seeking behaviours that are useful to health care providers in providing appropriate care to these older people, aiming to promote better health of the older people.

Key words: Health seeking behaviour, overweight hypertensive, older people, caring science, content analysis

บทคัดย่อ

พฤติกรรมแสวงหาการดูแลสุขภาพมีความสำคัญกับผู้สูงอายุที่เป็นโรคความดันโลหิตสูงร่วมกับน้ำหนักเกินในประเด็นของการจัดการกับปัจจัยที่เกี่ยวข้องกับสุขภาพและการเจ็บป่วยของตนเอง อย่างไรก็ตามพฤติกรรมการแสวงหาการดูแลสุขภาพของผู้สูงอายุไทยยังไม่มีการศึกษาที่ชัดเจน การวิจัยครั้งนี้เป็นการวิจัยเชิงคุณภาพ มีวัตถุประสงค์เพื่อศึกษาพฤติกรรมการแสวงหาการดูแลสุขภาพของผู้สูงอายุโรคความดันโลหิตสูงร่วมกับน้ำหนักเกิน ผู้เข้าร่วมวิจัยประกอบด้วยผู้สูงอายุชาย 3 คน และผู้สูงอายุหญิง 7 คนโดยการเลือกกลุ่มตัวอย่างแบบเฉพาะเจาะจง เก็บรวบรวมข้อมูลโดยการสัมภาษณ์เจาะลึกและวิเคราะห์ข้อมูลด้วยวิธีการวิเคราะห์เนื้อหา ผลการศึกษาพบว่าเมื่อผู้สูงอายุเข้าใจถึงความต้องการในการแสวงหาการดูแลสุขภาพ พฤติกรรมการแสวงหาการดูแลสุขภาพจึงเกิดขึ้นจากการรับรู้ถึงความรุนแรงของอาการ ซึ่งผู้สูงอายุจะพยายามจัดการกับอาการเจ็บป่วยตามความรู้ของตนเองก่อนเสมอ เมื่ออาการไม่ดีขึ้นจึงจะแสวงหาการดูแลสุขภาพจากบุคลากรในวิชาชีพและแพทย์พื้นบ้าน นอกจากนี้บุคคลในครอบครัวมีบทบาทสำคัญต่อพฤติกรรมการแสวงหาการดูแลสุขภาพของผู้สูงอายุ ผลการศึกษาแสดงให้เห็นว่าผู้สูงอายุไทยที่เป็นโรคความดันโลหิตสูงร่วมกับน้ำหนักเกินมีพฤติกรรมการแสวงหาการดูแลสุขภาพที่หลากหลาย ทำให้ได้ข้อมูลที่เป็นประโยชน์ในการพัฒนาระบบบริการสุขภาพและส่งเสริมสุขภาพในผู้สูงอายุต่อไป

คำสำคัญ: พฤติกรรมการแสวงหาการดูแลสุขภาพ โรคความดันโลหิตสูงร่วมกับน้ำหนักเกิน ผู้สูงอายุ การพยาบาลด้วยความเอื้ออาทร การวิเคราะห์เนื้อหา

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1. INTRODUCTION

Hypertension is a major cause of death in most populations worldwide and has a continual upward trend, especially among older people. Hypertension has long been known as a high prevalence risk factor for cardiovascular disease in older people. It is a common health problem worldwide because of increasing longevity and the prevalence of contributing factors such as being overweight, smoking, high cholesterol, drinking too much alcohol, less physical activity and an unhealthy diet. Among the population with hypertension, more than half are also overweight. Hypertension and overweight can lead to other chronic diseases, such as heart disease, or stroke. Overweight older people with hypertension are more likely to have other chronic conditions than those who are not overweight and without hypertension.

Based on my experiences, in Thailand, most of the overweight older people with hypertension cannot control the severity of the disease and suffered from this condition. Sometimes they were unaware of the signs and symptoms of hypertension. Additionally, older people often seek health care services late, usually when they are “extremely ill”, too late to obtain adequate treatment. However, I found that there is a lack of knowledge of health seeking behaviour among overweight and hypertensive older people. The importance of understanding the constraints to health seeking behaviour in older people is import in nursing, if a responsive and efficient health care system is to emerge.

2. BACKGROUND

This study aims to describe health seeking behaviour among hypertensive and overweight older people. This chapter presents some information and literature related to this study. It consists of the older people: facts and figures, hypertension and overweight, the older people with hypertension, the older people and overweight, the hazards of hypertension and overweight, caring for the older people with hypertension and overweight, health seeking behaviour: the process of illness response, health seeking behaviour in the context of health care systems, health seeking behaviour of Thai older people and health seeking behaviour among overweight hypertensive older people. Finally, the problem and rationale of this study is shown in this chapter.

2.1 Older people: Facts and Figure

Most first world countries have accepted the chronological age of 65 years as a definition of "elderly or older person", but like many westernized concepts, this does not adapt well to the situation in some countries. The term "ageing or older" in humans refers to a multidimensional process of physical, psychological, and social change (Bass, 2006). The age of 60 or 65, roughly equivalent to retirement age in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Age classification varies between countries and over time, reflecting in many instances the social class differences or functional ability related to the workforce. Divisions are sometimes made between the young old at 65–74, the middle old at 75–84 and the oldest old at 85 and older (Basford & Thorpe, 2004). The challenge in that is chronological age does not correlate perfectly with functional age; that is two people may be of the same age, but differ in their mental and physical capacities. Each nation, government and non-government organization has different ways of classifying age. However, the World Health Organization's agreed cut off is 60 years to refer to the older population that is similar to Thailand (WHO, 2011). So, for this study, the definition of an older person is 60 years of age and older.

In almost every country, the proportion of people aged over 60 years is growing faster than any other age group, as a result of both longer life expectancy and declining fertility rates (WHO, 2010). An increase in longevity rises the average age of a population by increasing the numbers of surviving older people. The number of older people will double to 14 percent from 7 percent of the world's population during the next 30 years, rising to 1.4 billion by 2040 from about 506 million in the middle of 2006 (Kinsell & He, 2009). One can see that these aging populations as a success story for public health policies and for socioeconomic development, but this increase also challenges societies to adapt in order to maximize the health and functional capacity of older people, as well as these people's social participation and security. In Thailand, there were 7.6 million older people in 2009 and this will increase to 7.7 million in 2011. Health officials expect the population to soar to 11.3 million and 14.9 million by 2020 and 2026, respectively (Institute for Population and Social Research, Mahidol University, 2010; Foundation of Thai Gerontology Research and Development, 2010). Such a situation challenges health care systems and social welfare systems to provide successful aging services. The older people are a vulnerable group as regards illness, particularly chronic diseases, and physical and biological changes; older people have more risk of developing chronic diseases such as diabetes

(Eliopoulos, 1997; Matteson, McConnell, & Linton 1997; WHO, 2010). Also, other studies (Babatsikou & Zavitsanou, 2010; Marengoni et al., 2008) have shown that older people most commonly experience cardiovascular disease, including hypertension and heart failure, followed by diabetes.

2.2 Hypertension and Overweight

Hypertension and overweight are two prevalent conditions that often affect the same individual and activate excess cardiovascular morbidity (Julius et al., 2000). Many studies revealed that body weight is definitely associated with the level of blood pressure and prevalence of hypertension (Barker, 2006; Julius et al., 2000; Schulz et al., 2005).The global epidemic of overweight and obese people - "globesity" - is rapidly becoming a major public health problem in many parts of the world. At the present time, 1.6 billion adults worldwide are overweight while 400 million of them are obese; this number is rising (The Bureau of Non-communicable Diseases, 2010). According to the survey data of the Bureau of Non-communicable Diseases, Control Department from 2006 to 2008, the prevalence of overweight Thai older people increased from16.1% to19.1% and the prevalence of obesity rose from 3.0% to 3.7% (The Bureau of Non-communicable Diseases, 2010).

In general, increasing BMI is associated with the increased rate of deaths from all causes including cardiovascular diseases. Body Mass Index (BMI) is a number calculated from a person's weight and height. It provides a reliable indicator of body fatness for people and is used to screen for weight categories that may lead to health problems. Moreover, weight gain is strongly related to high blood pressure and increased risk of hypertension later in life (Julius et al., 2000). The levels of incidence of overweight and obesity generally increases with age. In older people, the prevalence of overweight and hypertension can be found at certain ages and physiological periods, such as cardiovascular change contributing to increased systolic blood pressure and endocrine system change leading to a decreasing metabolism rate. The prevalence of hypertension in overweight older people is higher than that of non-overweight older people (Swami et al., 2005). Flegal (2000) supported that the prevalence of hypertension and overweight did not differ significantly between younger and older age groups, but the prevalence increased in the age group of 60 to 69 years.

2.3 Older people with hypertension

Among chronic diseases, hypertension remains as the main threat for older people (Matteson

et al., 1997). Some people estimated that about 65 percent of people older than 65 have hypertension (Peter et al. 2010; Pristant, 2005). According to the worldwide hypertension reports, the number of hypertensive older people was 26.4% and 29 % in 2000 and 2007, respectively. Predictions indicated that the ratio will rise to 60% by 2025 (U.S. Department of Health and Human Services, 2003). In Thailand, with a continual upward trend, the number of hypertensive older people increased to 31.7% in 2007, which shows the severity trend more than the number of diabetes mellitus patients which rose to 13.3% (National Statistical Office, Thailand, 2007).

Hypertension prevalence increases with advancing age and differs in many respects from hypertension in young or middle-aged people (Burke & Walsh, 1997; Eliopoulos, 1997). In general, the hypertensive classification for adults aged 18 years or older is systolic blood pressure greater than or equal to 140 mmHg or diastolic higher than or equal to 90 mmHg as hypertension (U.S. Department of Health and Human Services, 2003). Older people usually experience essential hypertension and isolated systolic hypertension (Burke & Walsh, 1997; Eliopoulos, 1997), but isolated systolic hypertension occurs more commonly and increases the risk of complications more than regular hypertension (Pristan, 2005).

The pathophysiology of hypertension in older people is associated with the changes in the structure of the walls of their blood vessels that make these vessels less capable to provide blood. These biological changes of arterial calibre translate to higher overall cardiac dysfunction and to the risk of heart failure. This condition carries a very high risk for diseases such as stroke, dementia, atherosclerosis, and heart failure (Berry et al., 2004). In general, a greater prevalence of hypertension exists among the older people who were less physically active, obese or overweight, with chronic diseases and bad health status (Barbosa & Borgetto, 2010; Krabthip, 2004; Matteson et al., 1997). A previous study (Swami et al., 2005) found that body weight is one of the factors that are significantly related to both diastolic and systolic blood pressure in older people. The incidence of overweight in older people can be found because of the percentage of body fat increases around the age of 40 and decreases after the age of 70, but intra-abdominal and intramuscular fat increases in older people.

2.4 Older people and overweight

The number of overweight persons depends indeed on the definition of overweight and the standards being used. Globally, many define overweight as a BMI of 29.9 kg/m^2, though many

Asian countries use BMI of 23-24.9 kg/m^2 (WHO, 2004). The unhealthiest pattern is weight gain throughout life, which results in a risk of diabetes and hypertension (Goldfalb, 2006). Overweight may bring disorders of fat and carbohydrate metabolism (Windmill, 1996), since excess fat affects the inner organs, perhaps because all of them endure working with overload (Burke & Walsh, 1997; Eliopoulos, 1997; Goldfalb, 2006). Health care professionals explain that weight gain in older age can occur because people eat more or consume energy-dense foods, but they have a declining physical activity. Moreover, overweight older people become disabled more often because extra weight increases mechanical strains in their bodies despite declining physical function. Overweight also entails certain morbidity. It is known to predispose symptomatic osteoarthritis of the knee (Kennie, 1993). Overweight is also known to limit exercise tolerance in those with cardiopulmonary complaints and to aggravate hypertension. Additionally, according to a previous study (Trevisol, Moreira, Kerkhoff, Fuchs, & Fuchs, 2011), older people who suffer from conditions associated with being overweight or obese, such as high blood pressure, high cholesterol levels and cardiovascular disease, are more prone to Alzheimer's disease. Therefore the relation of older and overweight has to be reviewed.

2.5 The Hazards of hypertension and overweight

Hypertension more commonly occurs among overweight and obese persons than those who are not obese and, conversely, a noteworthy proportion of hypertensive people are overweight (Chiang, 2010). Overweight increases the risk of developing high blood cholesterol and diabetes – two more risk factors for cardiovascular disease and cerebrovascular disease (Berry et al., 2004; U.S. Department of Health and Human Services, 2003). Studies tend to show a rise in blood pressure with increasing body weight or adiposity (Schulz et al., 2005; Valensi, 2005). Although many studies (Barbosa & Borgetto, 2010; Berry, 2004; Kotchen, 2007; Peters et al., 2010) have shown that controlling hypertension could prevent complications like stroke, heart and kidney failure, older people continue to live with uncontrolled or inadequately controlled hypertension. Importantly, Valensi (2005) indicated that overweight and hypertension raise the risk of morbidity and mortality; thus, close monitoring was crucial. Thomson et al. (2005) suggested that health care providers should realize and promote the correct perception, knowledge, belief and attitude toward hypertension to allow the older people to take care of themselves correctly.

2.6 Caring for older people with hypertension and overweight

Within the field of nursing, major advances have improved gerontological care. A geriatric nurse can assess the impact of an illness on an individual's self-care capability and identify appropriate nursing interventions to ensure that they effectively meet both universal life demands and illness-imposed needs (Burke & Walsh, 1997; Eliopoulos, 1997; Windmill, 1996). A holistic human care process engages mind-body-soul with another in a lived moment, which increases harmony and leads to knowledge, self-healing and self-care (Watson, 2008). Watson believed that caring science is a starting point for nursing and a nurse's role should be to provide care for patients as holistic beings. Nurses enter into a caring-healing relationship with patients. Caring for older people is important for the nurses because there are differences of physical, psychological, social and environmental influences in each older people (Anderson, 2003). Geriatric nurses care for older people to alleviate their suffering and to preserve and safeguard their lives and health. This also depends on the problems and the needs of each older person (Eriksson, 2002; Fagerstrom, 1999).

Caring for older people with hypertension and overweight aims to reduce not only blood pressure and weight, but also the risk factors associated with those conditions with a primary purpose: to increase physical functioning and quality of life, not always to prevent diseases (Goldfarb, 2006). Physicians advise people with hypertension and overweight that they should lose their excess weight or at least prevent further weight gain, while their high blood pressure should be controlled. Previous studies have shown ways of caring for overweight hypertensive older people, including life style modifications and treatment with medications (Bramlage et al., 2004; Goldfarb, 2006; Iyalomhe, 2010). Most physicians recommend lifestyle modifications as treatment including diet control, body weight control, physical and stress management (Bramlage et al., 2004; Goldfarb, 2006; Kotchen, 2007; Iyalomhe, 2010). While worldwide guidelines include all these things for reducing blood pressure (U.S. Department of Health and Human Services, 2003), older people still face problems with poor control of blood pressure and body weight. Bad management may be caused by the severity of disease and self-care of the older people, but health care providers can improve care by treating a patient's health as a whole system that meets a patient's mental, physical, biological and spiritual needs. This enables patients to cope with their health conditions and to care for themselves better

(Prisant, 2005).

Self-care refers to the actions of individuals directed to themselves or to their environment to regulate factors or conditions in the interest of that individual's life, health, and well-being (Orem, 2003). The concept of health in Orem's Self-Care Framework refers to all the conditions that interact with a patient. Moreover, Orem (2003) identified that the objective or the reason of self-care actions is self-care requisites. When patients have problems with diseases or injury, which affect not only specific structures and psychological mechanisms but also integrated human functioning, they will seek the requisite self-care to bring about relief (Orem, 2003). Self-care of older people includes several factors such as seeking assistance from reliable people who are perceived to have an interest in their treatment plan. Seeking health care while ill is different and depends on several factors such as perception, the severity of the symptoms and decisions taken with family and social networks (Klienman, 1980).

2.7 Health seeking behaviour: the process of illness response

Understanding human behaviour is a prerequisite for changing human behaviour and developing effective health practices. Health seeking behaviours refer to the sequence of corrective actions that individuals undertake to rectify perceived ill health (Ahmed, 2005). The desired health seeking behaviour is for an individual to respond to an illness episode by seeking first and foremost help at a formally recognized health care centre or other resources (Biswas et al., 2006). In addition, Jain et al. (2006) described health seeking behaviours in terms of illness behaviours, including activities undertaken by individuals responding to a symptom experience. In this thesis, health seeking behaviours are actions that address health-related symptoms, by using internal and external support to enhance, treat or cope with their symptoms. Health seeking behaviours depend on the "perception" of health and ill-health, and a fine graduation exists between the common health status of a person and that of an older person suffering from illness (Biswas et al., 2006). When older people make a decision related to their health, they weigh the prospective risks of a particular behaviour. Seeking behaviour patterns represent part of the uniqueness of a person, a family or a social group, which forms as a result of combinations of social, personal, cultural and experiential factors. The process of responding to 'illness' or seeking care involves several steps (Ahmed et al., 2000) and infrequently translates into a simple one off selection or act, or illustrated by a single model of seeking behaviour. Kleinman (1980) explained that illness, illness experience and care seeking processes all systematically connect to each other in every culture. Thus one should consider a

complete health care system as a totality of these interrelationships.

2.8 Health seeking behaviour in the context of health care systems

Kleinman's health care system (Kleinman, 1980) hence includes people's beliefs and patterns of health related behaviour. Kleinman's model of health care systems holds health care to be a local cultural system composed of three overlapping parts: the 'popular', the 'professional' and the 'folk' sector. The professional sector comprises the organized healing professions (Kleinman, 1980). Not only does it include physicians, but also paramedical professions such as nurses, midwifes or physiotherapists (Helman, 2000). The folk sector classifies into 'sacred' and 'secular' parts for example, shamanism, ritual practices and herbalists. The popular sector is the sector where most decisions are made regarding when to seek aid, whom to consult and whether to comply, comprise of individuals, their families and social networks (Kleinman, 1980).

Significantly, Biswas et al. (2000) found that seeking health care from a formally qualified doctor is avoided due to the high costs. Familiarity and accessibility of health care providers play important roles in the health-seeking behaviour of older persons. Bourne et al. (2010) indicated that older men did not seek medical care; they used home remedies because they did not like traditional doctors. Waweru et al. (2003) supported that; older persons started with self-medication and sought outside help when there was no improvement. They responded to health seeking behaviour for health management by taking drugs over the counter, treating themselves with herbs, attending public health services, private practitioners, and traditional healers. Pang et al. (2000) reported that the older Chinese people had a mixed method of health care. They used primarily folk medicines, other frequently used conventional Western medicine, and most of them used both forms of medicine.

2.9 Health seeking behaviour in Thai older people

Health seeking behaviour and self-care management in Thai older people is based on their beliefs and socio-cultural context. Previous studies on health seeking behaviour found that when older people are sick, their response to coping with symptoms includes self-care, family-care, and health-care providers. The reason for seeking health care is to maintain health and get well-being. In addition, health seeking behaviour among older people varied depending on the type of diseases, differences in individual characteristics, enabling environment and needs

(Chanprasit et al., 2001; Villacorta, 2000). Determinant factors for health seeking behaviour in older people are those related to older people, health profession and health care services. The major results of the study of Chanprasit et al. (2001) indicated that health seeking behaviour among older people began at the stage of symptom definition in order to perceive and interpret abnormal symptoms. This interpretation was confirmed through lay or community network consultation, including health professionals. Illness management in older people clearly reflected the medical pluralism in the existing society. Older people preferred to begin illness management in the popular sector (Gamsing, 2000). If such management was ineffective, they would interchangeably select management recommended by the folk or professional sector. Importantly, folk or traditional sectors in health care still remained popular among the older people (Chanprasit et al., 2000).

2.10 Health seeking behaviour among overweight hypertensive older people

Health seeking behaviour varies for the same individual or communities when faced with different diseases such as heart failure, myocardial infarction and hypertension (Hedemalm, Schaufelberger & Ekman, 2008; Iyalomhe et al., 2010; Ryan et al., 2003). The study of Biswas et al. (2006) found that old age and ill health are perceived to be inseparable entities. Familiarity and accessibility of health care providers play important roles in health-seeking behaviour of the older people. According to the findings of Bourne et al. (2010), older people were unaware of the signs and symptoms of hypertension and they displayed poor health-seeking behaviour. This may result in the problem because they cannot control the severity of the disease (Anderson, 1995; Bourne et al. 2010). Moreover, it also affects the quality of life of the individuals with hypertension. Hypertension is a chronic disease requiring long-term self-care management and continual pharmacotherapy, which certainly affects the patients' living standards and raises healthcare costs. In addition, as shown in the study of Wawerul et al. (2003), hypertension, diabetes and stroke were associated with broad-based treatments. All older people started with self-medication before seeking outside help when their symptoms did not improve. The reasons for neither seeking medication nor taking any action on health status include lack of money, no person to accompany them to the hospital, long distance to health services, poor attitude of health workers and lack of faith in health care services, respectively. Lack of money had a negative association with seeking health care. Significantly, with advancing age the proportion of those seeking health care reduced. Chakraborty (2005)

also supported that, as in India about 30% of ill older people seek the treatment but over 55% of them don't receive even minimal care and personal help.

In Thailand, there are no studies about heath seeking behaviours among hypertensive and overweight older people. A relevant study (Nakagasien, Nuntaboot & Sangchart, 2008) found that all older people patients with diabetes mellitus had been cured by health professionals and some of them had relied on folk medicine by buying herbs from folk herbalists. Furthermore, older people also had a good relationship with the popular system using their first-hand experiences, family and relatives exchanged information about self-care. Health care for older people with chronic diseases was based on their perception of the nature of diseases in terms of its type, etiology and care management.

Moreover, as shown in Krabtip's research (2004), most complications in older people with diabetes mellitus were hypertension. They chose to receive health services in the hospital. More than half of them decided to get services because they got better after the treatment. The reason for changing health services was mostly due to unsatisfactory treatment results (Krabtip, 2004). The process of self-care management was part of the learning process. It began with investigating the causes of the illness; then it involved the process of searching for relevant information for treatment. The goal of the patients was to establish a "stable condition", meaning they can live normal lives and not focus on a cure. Another research showed the components of the consequences of illness perception that had a significant positive relationship with the decision to seek treatment for patients with acute myocardial infarction (Krairatcharoen, Lekutai, Pongthavornkamol & Satayawiwat, 2010).

Therefore, health care providers must understand the caring needs of the older people for improving or maintaining human conditions. Within the field of caring, it means that care for people must inevitably be based on the individual's perspective for promoting positive health changes (Leininger, 1988). In the realms of the present time, improvements in health care systems have intensified nurses' workloads and responsibilities. Nowadays, nurses often neglect caring attitudes when they are faced with stressful and difficult situations. Despite this, nurses must learn how to deal with the complexities arising in every patient's situation and must find ways to preserve their caring practice.

2.11 Rationale

The study of health seeking behaviour among hypertensive and overweight older people is an important issue. However, most researchers in Thailand have focused on other diseases, such as diabetes mellitus and tuberculosis. In addition, they studied the factors influencing health promoting behaviours and self-care with hypertension, which was a broad-based quantitative study in adults. Previous studies did not reflect the experiences of seeking health care among the hypertensive and overweight older people. To bridge this knowledge gap, this study aims to describe health seeking behaviour in older people with hypertension and overweight. The findings could benefit nurses and health care providers in understanding patterns and reasons for choosing a health care service. Importantly, in order to understand how to approach the prevention of illnesses and diseases, it is essential to gain a better understanding of the patients' motivation and the actions they take to improve their health. Then, the nurses can treat older people correctly for the reduction of problems through health care services. This knowledge may then lead to the development of health care practice with wider implications, with respect to the proper delivery of health and human services to older people in the future.

3. Aim

The aim of this study is to describe health seeking behaviour in older people who are overweight and have hypertension.

4. METHODOLOGY

A descriptive qualitative design was used with semi-structured, in-depth interviews.

4.1 Sample

Hypertensive and overweight older people voluntarily participated in this study. To find appropriate informants, a primary care unit in the western part of Thailand was visited. The project and its purposes were described to a nurse at the health centre. Then she asked older people who met the following criteria: aged 60 years or over, overweight and diagnosed with hypertension, to participate in this research. Twenty-five older people were invited to participate in the study. The nurse went to the participants' homes and asked whether they would be willing to participate in the study. Then, the participants were selected by purposive sampling, ensuring that those involved could provide suitable information and were willing to participate in the study. In this study, interviewing was stopped when 10 older people (3 men

and 7 women) were interviewed due to the saturation of a theme being reached, in other words, nothing new emerges any more. The age range was 61–76 year (see table 1).

Table1 Short biography and demography of participants

No.	Name	Sex	Age	Marital Status	BMI (kg/m^2)
1	Nin has had hypertension with diabetes for 5 years. She regularly receives her medicine at a health centre near her house regularly. She also uses herbs to remedy her sickness.	female	64	Married	27.5
2	Jean has been struggling with hypertension and diabetes for more than 10 years. She usually sees a doctor at community hospital or a referral hospital.	female	66	Married	30
3	Seen has had hypertension for three years. He receives a hypertensive medicine at the nearest health centre. He also treats his hypertension by using herbs.	male	66	Married	25
4	George has had hypertension for three years. He goes to the nearest health centre for hypertensive treatment. He also tries to cure his hypertension by using herbs.	male	64	Widow	30
5	Peach has lived with hypertension for ten years. He has also had ischemic heart disease for five years. He visits several health care places for treatment.	male	61	Married	25
6	Pen has been receiving services from the health centre for two years for hypertension. She also uses herbs to try and cure her disease.	female	63	Married	26
7	Sin has been suffering from diabetes for ten years which later caused her to have hypertension for eight years. She usually receives service from a health centre and also uses herbs for her illness.	female	60	Married	23
8	Mine has multiple diseases such as ischemic heart disease and hyperlipidemia. The root of these diseases comes from more than 20 years of hypertension. She gets medicines from the health centre and community hospital. She sometimes uses herbs.	female	61	Widow	25
9	Chon has had hypertension for 20 years and also has had ischemic heart disease, a complication, for five years. She receives treatment from a variety of health services. Sometimes she buys her medicine at the drug store.	female	68	Married	29
10	Kat has had ischemic heart disease, diabetes, and hypertension for four years. She goes to the nearest health centre for hypertensive treatment. She also remedies her hypertension by using an herb.	female	76	Widow	29

4.2 Semi-Structured Interviews

The data were collected by using in-depth interviews supported by an interview guide. In-depth interview methodology is an important qualitative research technique wherein participants can talk freely and provide valuable data based on their experiences (Polit & Beck, 2008). In preparing the interview guide, an overview of the literature that is related to health seeking behaviour in the older people was reviewed. The information from literature reviews, such as explanatory model of Kleinman; the semi-structured interviews were constructed by the researcher based on the purpose of the study. Example questions are "Where do you seek health care?" and "What kind of treatment do you think you should receive?" and they were adapted in this study. The interviews started with general questions such as "How is your health at present?" Then, specific questions and open questions were used such as "How are you taking care of yourself?" or "How are you seeking health care service or treatment?" If more data and depth were required, probe questions like "Why do you think that?" or "Could you explain something more about that?" were asked continually to acquire specifics about this phenomenon. In the end of each interview, closing questions were used to uncover other aspects that the participants desired to describe. Before collecting the data, the interviewer was trained by a professional in qualitative research. Then, five older people who lived in the community were interviewed to test the interview guide as a pilot study before collecting the data. After that, some questions in the interview guide were revised to receive the data that answers the research question (see appendix 3).

4.3 Data collection

The participants were informed that participation was voluntary and the data would be handled confidentially. Then the participants were given an information letter (see appendix 1) including information about this study. After being given the information letter, the participants were asked to select a time and day for the interview to take place at their convenience. Then, an appointment was made before interviewing them at their homes. Consent forms were given to the participants by the author of this thesis which they signed before the start of the interview (see appendix 2). After that, the interviews took place in the participants' homes. The use of a voice recorder was allowed by participants before starting the interview. During the interviews, the participants were encouraged to talk about their experiences in seeking health care services to acquire a particular description as possible. Moreover, the participants' gestures were noted

to exemplify the description. The interviews lasted 35-50 minutes for each participant. Following each interview, the author of this thesis listened to the tape-recording and then typed the transcript verbatim. There were about 8-10 pages transcribed (the average amount was 8 pages).

4.4 Data analysis

A content analysis was used to analyze the data in answering the research questions. Content analysis has been defined as a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding (Bryman, 2008; Graneheim & Lundman, 2004; Krippendorff, 1980). Moreover, the content analysis can provide replicable and valid inferences through the analysis of texts. In this study, qualitative content analysis (Graneheim & Lundman, 2004) was used in analyzing the data. The tape recordings were transcribed verbatim, analyzed, and coded one by one. To show the validation of the content, the transcription was re-read with the voice recorder many times and given back to each interviewee to check the content. The interview data was a unit of analysis and was read thoroughly several times. Then, each meaning units were required from unit of analysis by labelling words, sentences, or paragraphs that enclosed the same central meaning as coding. Importantly, the meaning units related to the research question and objective of this study. The following process was performed by reducing the sentence while preserving the core meaning throughout the condensation process. Then, the meaning units were altered into coding that linked to health seeking behaviours. Next, the group of coding that shared the same context was gathered as categories, which represent manifest content. This process was discussed between the author of the thesis with supervisors based on the research question. The latter process was finding the link and underlying meaning of the category to make themes that refer to the latent content. The process of transcription and data analysis in this study were performed in Thai; however the results of the study were presented in English. The quotations were presented in the results and were translated to English from Thai. The process of data analysis in this study is illustrated in table 2.

Table 2 Example of data analysis on health seeking behaviour among overweight and hypertensive older people.

Meaning unit	Condensed meaning unit	Codes	Categories	Theme
When my symptoms do not improve, I usually go to the health centre. The nurse gives me good advice and I like it. But when my symptoms are severe I decide to go to the hospital, some nurse talk to me rudely. Some of them also blame the older people. Well, I do not like to go to hospital.	I usually go to health centre when my symptoms are not improved and the nurses giving the good advices for me but the nurse at the hospital talk to me badly. Then, I do not like to go there.	Going to the health centre	Shift in professional support	Seeking health care support

4.5 Ethical Considerations

This study was approved by the ethics committee at a Nursing College in Thailand. The study was conducted based on the protection of human rights. The participants were asked to participate in the study. In each case, a written consent form was read to the prospective participants with clarifications. The purpose of the study was explained concerning the procedure, benefits, risks and the right to refuse participation in the study anytime. Prior to initiation of the in-depth interviews, participants were provided with a consent form and no data was collected until a completed consent form was received. Pseudonyms were used for participants to ensure confidentiality. Confidentiality of the data was maintained throughout the relevant project periods and analysis. The information letter was given to the participants before interviewing. The transcript and voice recorder files will be stored for two years in the author's personal computer with restricted access only for the author of this thesis. The tapes were destroyed after the research report was written and was presented in public.

5. RESULTS

Various health seeking behaviours of older people living with hypertension and overweight were discovered. Three main themes were found which included understanding why and when to seek health care, acting appropriate behaviours based on knowledge, and seeking healthcare

for well-being. Understanding why and when to seek health care was the first main theme; this included two categories which are the perception of ill health related symptoms and decisions based on the severity of illness. The second theme is called appropriate behaviours based on knowledge, which included eating behaviour, compliance and alternative medicine, physical activities, and spiritual and feel good activities. The last theme is about seeking health care support that consisted of the shift in social support and shift in professional support. The illustration of themes and categories of health seeking behaviour among overweight hypertensive older people is presented in Figure 1.

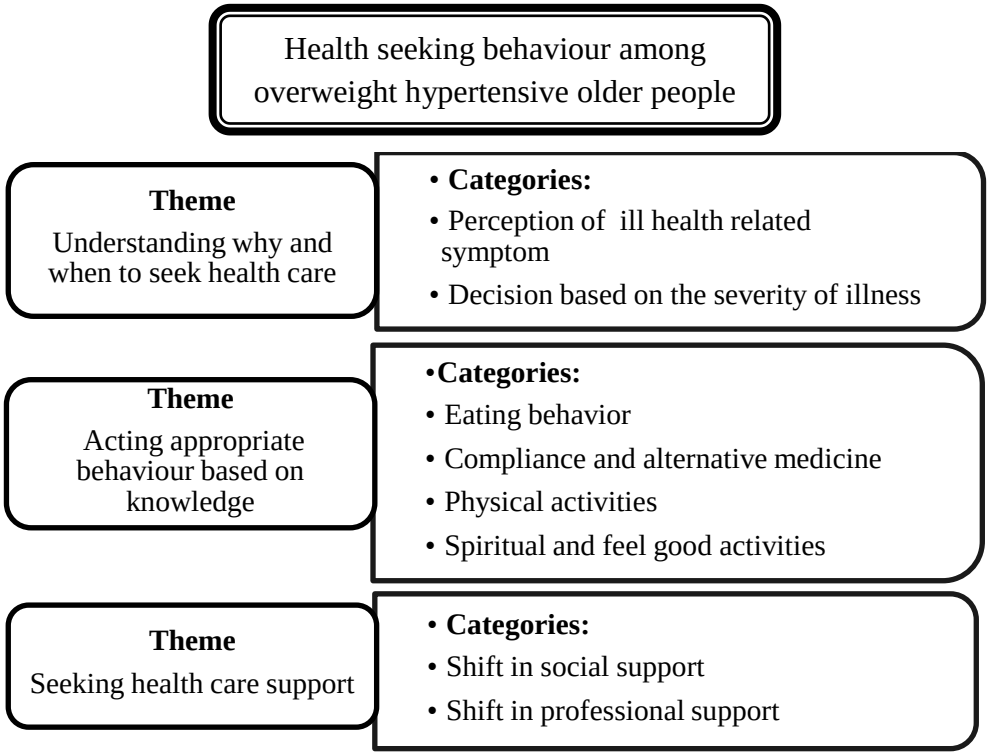

Figure 1 Illustrate of theme and categories on health seeking behaviour among overweight hypertensive older people

5.1 Understanding why and when to seek health care

The theme of understanding why and when to seek health care means the awareness their own health status. Their perceived health status was a continuum from normal to severe illness. This perception led to health seeking behaviours that vary depending on personal perceptions. For instance, when understanding that their health was stable, they continued to maintain their health by taking medicine and doing exercises. They utilized their abilities to maintain good health by using their internal resources. The other variation was not to pay any attention to

health even though there is an appearance of ill health. They did not intend to seek professional health care; instead they lived a hazardous life. Chon said that:

> *Well…my blood pressure increases but not much. I try to take care myself by taking medicines, reducing salty food and exercising. I gained weight again now. It is a sudden increase but not much. I try to control my eating habits and exercise to reduce my weight.*

Perceptions of illness have occurred by assessing the impacts on health conditions when suffering from ailments or irregularities. Then they will make decisions regarding the severity of those symptoms in order to find the appropriate treatments. Health-seeking behaviour depends on the "perception" of health and ill-health, and there is a fine line between the normal health status of an older person and that of an older person suffering from an illness. The older people considered seeking health care when symptoms are severe, while some of them seek health care when the symptoms are stable. However, the fear of getting worse is a major reason that leads participants to seek health care.

5.1.1 Perceptions of ill health related symptoms

Most of the participants state that they suffer from certain complications, e.g. hyperlipidemia, diabetes mellitus, and heart disease. These complications affect their health and make them frail after getting hypertension and overweight. It is different from middle-age, as they cannot do something i.e. farming. Some of them say that they cannot do housework as well as they could before suffering from hypertension. The reasons that make them seek health care are "feeling unhealthy", "being unable to work" and "disturbing daily life". The symptoms that affect their health include headache, dizziness, collapsing and weight gain. When these symptoms occur, they know that they are the presenting symptoms of high blood pressure. In addition, when being interviewed about their own health, one of them says that:

> *Firstly, I think I am strong but it may not be like in the old days (smiling). I can do many things. However, after suffering from this illness, it is not the same. I cannot do a lot of work for fear that blood pressure will increase. The doctor also told me that if I cannot control my blood pressure, complications will occur later on such as diabetes mellitus, heart disease. I fear that and I don't want to be like that. (Jean, F)*

One can say that most of participants consider that the deterioration of bodily functions and the prevalence of certain complications contribute to frail health. The fear of severe illness led them to suffering. Then, they are concerned about their activities in daily life that leads to high blood pressure, such as working hard. However, some participants stated that they are still strong despite old age and having hypertension. One of them says that "I am strong even if it may not be like in the old days. If I don't take care of myself, I will not do something I like now". The participants accepted the illness that occurred and tried to take care themselves in "maintaining" health. One interesting point is that participants identify their own health status and physical dimensions with respect to motor abilities rather than mental criteria.

5.1.2 Decision based on the severity of illness

After making a self-assessment of health conditions, the participant will then decide whether the severity of hypertension and overweight affects their quality of life. They consider the severity of hypertension and overweight that they are facing is of low severity. Based from their experiences, their level of blood pressure and weight are unstable. It makes them familiar with these symptoms. In other words, it is normal for these people who live with this illness. Others explained that sudden dramatic deterioration of a "regular" health problem is considered severe. They have chronically experienced a feeling of sudden "unwellness" and lose awareness; it is treated as a severe condition. However, some of them believed that they can control their blood pressure level and weight in spite of small changes of blood pressure level and weight from time to time. In contrast, some of them think that they cannot control the severity of symptoms that make them start to seek health care for health improvement. To seek health care, older people consider the length of time that they are suffering from headache or dizziness, such as five days or over. Moreover, if their weight is increasing continuously, they will seek health care for health management. One of them stated that:

> *My blood pressure is not so high. It fluctuates sometimes. After taking the prescribed drugs and following the doctor's advice, I have better control than before so I think it is not severe. Well, I learned that other hypertensive older people get diabetes too. I am lucky because I haven't got this disease. However, the doctor told me to lose weight even further. My weight already decreased a lot. Now, I have the problem with dizziness.*

I suspend from my work and bed rest all the day. But it was no improvement. Then I went to the health centre. (George, M)

As shown in the quotation, the assessment of the duration of the illness has been by the participant. The long duration of symptoms lead them to seek health care taking into consideration the duration of the headaches and the dizziness. Moreover, when they live with hypertension and overweight they state that their suffering is faced with the fluctuation of blood pressure and weight. Additionally, their past experiences play an important role in their decision of the severity of symptoms. Comparing past experiences occurs before seeking health care. If the symptoms are not severe as before, they often perform self-care practices according to their beliefs or knowledge, such as taking medicine and resting at home. However, if the symptoms are more severe than previously, they try to seek a way to control it from other resources such as talking with family or health care providers.

The perceived severity of the old people's health problems is another key factor affecting health seeking behaviour. The participants tend to take into account the severity of symptoms they've suffered prior to seeking the relevant health care. Consequently, one can claim that the older people base their decision regarding the severity of symptoms on the comparison of past experiences and the changes in prevailed symptoms (e.g. changes of blood pressure and of weight). Therefore, the decision may vary individually depending on the differences in individual symptoms.

5.2 Acting appropriate behaviour based on knowledge

The appropriate behaviour theme means the self-care practice that the overweight hypertensive older people perform to maintain their health based on their knowledge. They try to seek health care or prevent the severity of the illness and the complications when suffering from hypertension and overweight. The self-care action depended on their understanding and decision about the severity of those symptoms. Then, the participants use their knowledge and belief to manage self-care practice because they want to be healthy. If the symptoms are regarded as mild, then self-care is most commonly practiced, using home remedies and drugs bought from a drugstore, often by a family member. The data shows that the participants tend to take care of themselves by lifestyle modifications before seeking help from outside treatments.

All of them changed their behaviours from the past, whether the symptoms are stable or unstable. One of them explained that:

> *I get a headache first. It is not very painful. Then, I stop doing work and get some rest because I think that I have worked too much and I am old. However, the headache becomes more intense. I have a headache for one week without any improvement. Therefore, my son takes me to the doctor for fear of something serious. After that, I eat low salt diet and low fat diet… I like vegetables and fish. (Pen, F)*

The excerpt illustrates the fear of the severity of the illness that leads to self-care. Some of them try to modify their lifestyle because they believe that it is important to lower their blood pressure and weight. The older people changed their lifestyle, including exercising at least 30 minutes a day, maintaining normal weight, reducing salt intake, and consuming a diet rich in fruits, vegetables and low-fat dairy products, while reducing total and saturated fat intake.

5.2.1 Eating behaviour

As presented in the interview, the perception of participants in nurturing their hypertension and overweight is that it comes from healthy diet. They stated that they try to change their "eating behaviour". Once they know that they have hypertension and overweight the first time, it is always hard to change behaviour because of past habits. The participants say it is more different from the past; they tend to eat salty and sweet food. Later, they can modify their eating behaviour because they know that it is useful to prevent the complications of the disease. Most respondents stated that the diet of hypertensive and overweight older people should include foods low in salt and fat, such as fish, vegetable and fruits which are believed to reduce cholesterol levels, and promote weight loss. Moreover, certain foods were expressly avoided, such as pork and beef, which are believed to cause overweight and high blood pressure. However, less of them stressed that they cannot control their behaviour because they believe that if they control everything, the body will get worse. As regards to sources of food, most of them cook themselves so they reduce the use of sodium-containing ingredients, along with the change in their eating behaviour. Some of them use garlic for cooking because it can bring down blood pressure. Moreover, some participants mentioned that they have skipped their meals because they want to reduce weight. If their weight is stable, they usually eat 2-3

meals/day. They always eat 2 meals and reduce the quantity of rice in each meal if they perceived that their weight is increasing. One of them explained that:

> *I eat less now. I reduce salty foods too. I reduce all of them. In the past, I like salty food and high fat diet. I ate every day. But, when I got this disease I try to change my behaviour because I know that if I do as the past it will get the worse. So, I do not have dinner sometimes. I eat fruits instead. I cannot eat less than this because I am afraid of fainting. (Mine, F)*

For self-care practice involving food intake, older people put an effort to avoid any risk behaviours that lead to the aggravation of their symptoms. This may reflect on their self-control of food intake by means of their assessment and decisions regarding the ways to reduce such risk behaviour. They can manage their eating behaviour after assessing their body weight. They explained that if their weight increases, they will reduce their food intake each day. In contrary, if their weight is stable, they will maintain their practice. In addition, they will try to avoid foods which lead to high blood pressure, even though the blood pressure is stable or unbalanced.

5.2.2 Compliance and alternative medicine

In addition to eating behaviour, most of participants assert that medication is crucial for people with this disease. Some of them mentioned that they receive anti-hypertensive drugs through the prescription of hospitals and health centres. They do not buy those drugs themselves for fear of side effects. Most of them state that they take medicines regularly; some forget to do so sometimes. Travel to other places may also be an obstacle for them in taking their medicines. To solve this problem, their family plays an important role in helping to manage the maintenance of their medicine. Their children should provide and remind them about their medicine intake because they know about the benefits of the medication for their parents. So, all participants took the medicine continuously. One of them argued that:

> *I take medicines regularly in the morning and evening. I feel better and my blood pressure is stable. I take them before meals so that I will not forget. I visit the Health Centre once but it was out of stock. I cannot stop because medications are vital for this disease. (Peach, M)*

As stated above, the participant believes that modern medicines can reduce "the severity of symptoms" and increase "the security of life". However, less of them explained that when the symptoms are stable, they might stop using these medications because their condition has stabilised.

In addition, they said that Thai herbs can reduce blood pressure and weight. Most of the participants received traditional healing through herbal intake that are common locally (e.g. drinking rosella and Asiatic Pennywort juices) to reduce blood pressure. They explained that the herbs are harmless because it is a non-toxic additive. To use Thai herbs, they get their knowledge from reading books, listening to the radio, and talking with neighbours. After consuming the herbs, they evaluate the outcome. If their blood pressure does not decrease, they decide to stop consuming. On the one hand, some of participants said that they use herbs when their blood pressure does not decrease after taking modern medicines. On the other hand, some of them stressed that they use it along with modern medicines. However, no participant takes herbs for weight loss because of the fear of side effects. They think that if they use it that the side effect would be that they become obese once they stop consuming it.

5.2.3 Physical activities

The participants believe that relaxation, stopping work, or avoidance of any risk behaviours would not lead to the aggravation of symptoms. Most of them spoke about exercise, such as a pattern of exercise, exercise frequency and exercise duration. They mentioned that they usually exercise by cycling, walking, and jogging which are believed to reduce blood pressure and weight loss. Some of them exercise by following the televisions' advertisement while some of them exercise with the neighbours in the community. Importantly, they said that if they exercise regularly it will reduce the risk of heart disease. The participants also explained that in order to gain maximum benefits from exercise it has to be aerobics, for at least 15-30 minutes duration, carried out on a regular basis, at least 3 days a week. However, some of them cannot do these activities because they are raising their grandchild. Some of them stated that they are "unaware" about exercise until the "feeling of uncontrolled, severity of illness is coming". The experience of one participant showed that when stopping exercise, weight and blood pressure increased dramatically. One participant said about her attitude toward exercise that:

> *I take a walk around my front yard. Actually, I do not walk every day. I do so 3 times a week and sometimes more. I walk 3 rounds for almost half an*

hour. I stop when I get tired. If I feel exhausted I will faint. If I fall down, it will become a big problem. (Sin, F)

According to the participants' explanations, they are concerned about the limitation on exercise by assessing their own exercise tolerance. If they do not exercise properly it adversely affects the body. Besides, some participants believed that daily routines and work such as doing house works or going out to work is a form of exercise as well, so they think that it is unnecessary to exercise using other methods.

5.2.4 Spiritual and feel good activities

Different individuals have different methods of dealing with stress. The participants explained that they are stressed and concerned about the complications of hypertension and overweight, for example, high fat levels in blood, paralysis, and heart disease. In the past, stress is normal for them because they are often faced with the problem of their livelihood. In contrast, at present, they realized that the stress is hazardous for their disease. Most of them mentioned that when they are stressed, they chose meditation as their first choice, generally together with other techniques such as praying, reading Dhamma books, using diversions, going to the temple, forgiving, and letting go. The interesting point is the participants said that if they are stressful or sorrowful, they will confide with trusted persons such as family members and their friends. Sometimes they want to do the avocations because of deviation from the stress and relax. They always do their hobbies which includes planting flowers, and taking care of their dogs. Seen mentioned that:

I am so stressed. I am afraid of paralysis that many people are suffering. It is an agony. But I try to forget it…..if I'm stressed, my blood pressure will increase. So, I talk with my friends and my son. Sometimes, I go to my farm to plant. But others go to the temple or meditate when they are stressed.

The excerpt presented how different techniques are used by older people for stress management. If they know that they are stressed, the severity of the illness will increase. However, some of participants say that they accept that hypertension and overweight are common for older people or, in other words, every older person may be suffering from these diseases. According to some of their explanations they are not stressful because they will die by

their destiny; they have accepted it. They believed that hypertension is common and they also accepted the fate they are facing: death.

5.3 Seeking health care support

In this theme, seeking health care support means that participants seek ways to deal with their illness from social and professional health support services. When they have chronic diseases, all participants take care of themselves as their first choice, and then they seek help from their family. Friends and neighbours would fill in this time. If conditions became serious, they would go to see health care providers. For participants, a necessary aspect in their chronic health care is social support, particularly support from their family members.

After using their knowledge, they try to seek knowledge on self-care from other sources. They obtain information from the media, such as health programs on television or radio, and reading books about how to effectively manage hypertension and overweight. However, after acquiring the knowledge, they always consult with other persons including their family, social network, and health care providers. The data showed that in the majority of cases the family members make decisions about treatment and also accompany the participants to seek health services. In addition, the social network is an important source for them to exchange information and seek health care. Then if the symptoms are unimproved they will meet with the professional health care provider, because of trustworthiness of the service providers. Nine said that:

> *My son took me to the health centre at that time but I didn't get well. Then, he took me to the hospital because he does not want to see me "living with suffering". He told me that the physicians at this hospital can help me… and my symptoms are improved….*

As shown in the quotation, "family support" is the most important reason which influenced them on seeking health care for older people. All participants mentioned that they also consult their family members in order to jointly consider the selection of health care system on the basis of the severity of such illness. Moreover, family members also help them to assess treatment outcomes and to change the treatments. Apart from seeking consultations from their family members, they also take advice from neighbours or friends. Finally, they consult with health care providers to confirm their knowledge and suggestions for perform the correct behaviours.

5.3.1 Shift in social network support

The participants stated that they tried to take care of their own health problems based on their "knowledge" and "belief". However, they feel that they live with insecurity. Then, all of them seek health care from other sources to confirm their knowledge. The participants asserted that they seek ways to manage their problems by consulting with family members. Families can also encourage participants to get the appropriate health care. The participants described more that they take advice from their spouse, daughters, sons, relatives, neighbours or social networks (e.g. friends having done certain activities together in the community). Most of them tend to consult their family members first and then the persons outside their family, generally for advice concerned with hypertension and overweight treatment, as well as the cures. If their family decides that they should or should not to do something, they will accede and follow their encouragement. On the other hand, when their friends recommend the health care service and Thai herbs, some of them do not believe instantaneously; they followed up with a talk with the family. Families and friends help older people to seek appropriate health care by decision making, and facilitate the use of health care services. Family members could facilitate the health seeking behaviours by providing coping resources, getting medications, and advice on avoiding ineffective or even harmful self-treatment. Kat explained more that:

> *I talk with my daughter. She told me to eat a low salt diet and reduce the amount of rice in each meal. Moreover, I talk with my friend who has hypertension and overweight. She suggested that I use herbs to reduce blood pressure. I try to follow her suggestion. In addition, she also suggested seeing doctors in other places but I didn't go. I think that the treatment here is good enough for my symptoms. My daughter disagreed that I go and see the doctor there, because it is far and expensive.*

As shown in the quotation, the participant selected a way to take care of themselves depending on the severity of the illness. Furthermore, they asked for information from other older people because they tend to have similar diseases. Persons consulted by the participants are most likely those at the same age too. In particular, most advice concerns their experiences related to treatments received by that person or their acquaintances, values, beliefs about the cures, and personal beliefs regarding health. For example, they may be recommended by one neighbour to visit a clinic because she received good services from this clinic before. However, some of

them stressed that they will use the information if they think that it is useful and safe for their health. In contrary, some of them said that they will not do it even it is safe because they fear increasing the severity of symptoms.

5.3.2 Shift in professional health support

The participants try to seek self-care knowledge and treatment from many sources. If the symptoms persist, then they search for healthcare services from professional health care providers. When the severity of illness is perceived as high, several reasons enter into their decision making process. At this stage, the two key decisions in health seeking behaviour for participants are "where" to take the person and "who" can accompany the older individual. The decision about where to go is based on several reasons, including the treatment outcome, although it is not given first priority. In this regard, some of them go to visit a traditional healer and stress that "I went there because I heard that he is so keen on remedies". However, they say that due to higher costs, they stopped taking herbs because herbs became more expensive than in the past, while no improvement was observed. Furthermore, the bitter taste of herbs is also one reason why it is more difficult to take herbs than modern drugs. After the participants evaluated that health care from the traditional healer as being unsuccessful and unsatisfied, they stopped as well. At the same time, they always seek health care from modern medicine depending on the severity of the illness. On the other hand, professional health services are used before a traditional healer by some participants because of their belief in both systems.

To visit the professional health service provider, the participants explained that they trust their knowledge and ability. They obey the recommendations of the health care provider and try to follow them by changing their lifestyle to fit into these living conditions. Some of them go to the hospital if the symptoms are very severe, while some of them go to the health centre. However, all of them stressed that they choose the health centre first because they think that their symptoms are less severe. Moreover, less of them go to the private clinics in case of unimproved symptoms. However, the health centre is where the majority of them are willing to seek health care service. To support this fact, the participants explained that health care providers give valuable suggestions, caring, holistic care, and use informal languages when talking to them. One of them explained that:

> *My daughter takes me to the government hospital. After taking my medicine, my blood pressure still fluctuates…. and the weight too. Then,*

she takes me to the clinic because my neighbour told me that the doctor here is skilful. I went twice because the cost is expensive and the doctor talked to me for just a few minutes. Then, I went to the health centre because the nurse gave a good suggestion and…"understands the older people". I want… the blood pressure and the weight to become stable. I fear paralysis…..I do not want to be a burden for my daughter.

(George, M)

With regard to health seeking behaviour from the professional sector, they seek health care because they are concerned about the complications of these illnesses. All of them asserted that "maintaining health" is the goal of their seeking health care, due to feeling unsecure in life. Moreover, they are afraid that they will be a burden to their family. So, when accessing health care providers they need quality health care services for controlling hypertension and overweight. From their experiences, if the physicians or nurses provide them with quality health services and their symptoms also improve, that made them stop seeking other sources of help. To decide which health care service to use, the participants visited health centres first, and then community hospitals, regional hospitals and clinics, respectively, depending on the reason of the individual, such as the severity of symptoms, their experiences, and their attitude towards the health care system. The participants say that they need friendly sympathetic carers with good manners to talk to them and give them their full attention. Some of them indicated that they do not want to go to hospitals due to the impoliteness of the physicians or nurses, and sometimes, there is no comprehensive assessment or diagnosis of health conditions. Additionally, they get annoyed because of the medical facilities. They had to wait for hours or more before getting a few minutes of the doctor's attention.

The results indicated that hypertensive and overweight older people tend to seek health care from any sources that they believe are useful for their health. When they are faced with symptoms, they try to communicate significantly with others in assessing their symptoms. Their social support is valuable for assessing the probable efficacy or appropriateness of the sources of treatment. Then they decide to use professional support because it is effective in improving their health. However, they also made their decisions regarding the severity of symptoms. Furthermore, they assess the treatment outcomes; therefore, if there is no improvement of symptoms or they are unsatisfied with the treatments, they will change the treatment to other methods or sources.

6. DISSCUSSION

In this chapter the discussion is supported by the studies and theories from the background presented following the method discussion. Furthermore, suggestions for further research or development work and ethical discussions are also presented in this chapter.

6.1 Discussion of results

The focus of this study was to describe health seeking behaviours among overweight and hypertensive older people. One of the most critical viewpoints that were mentioned by the participants was that the actions promote their well-being. Well-being is a state of mind and important outcome for the participants. The results of the analysis did provide valuable information that also supports and strengthens the existing theory. The results show that the participants who are overweight and have hypertension display health seeking behaviours by using three key concepts (see Figure 2). The understanding of the need to seek health care is an important thing that the participants try to do by assessing their health and evaluating the severity of their illness. Then, their knowledge is used to perform the appropriate behaviour for taking care of themselves. Moreover, social support also is important to help and encourage the participant in seeking health care. At the same time, professional support is the thing that they want to seek to assist them in their well-being.

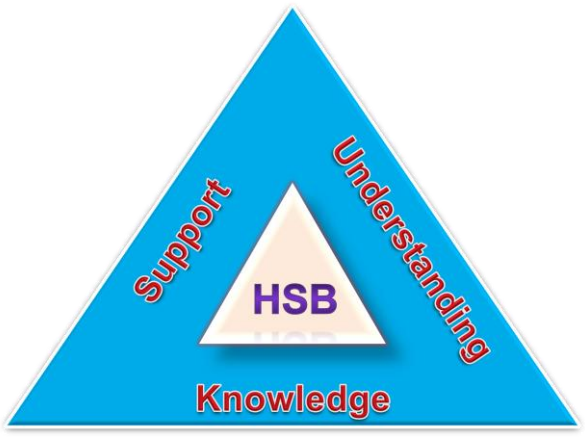

Figure 2 Three concepts for health seeking behaviour among overweight hypertensive older people

6.1.1 Understanding needs for seeking health care

When the participants experience symptoms of illness, health seeking behaviour takes place. On the basis of the work of Kleinman (1980) it was postulated that health seeking is a process rather than a single planned behaviour that is intended to improve health. In this study, three concepts are important for the health seeking behaviour of the participants, illustrated as involving: understanding the need to seek health care, valuable knowledge for decision-making and choices about the course of action, and social and professional support. The important thing in seeking health care involves problem recognition – older people's assessment of their physical health changes as either "severe" or "mild". It can thus be argued that hypertensive and overweight older people tend to make self-assessments of their health conditions based on individual experiences and understanding of hypertension through their own perceptions. Importantly, their perception of the severity of symptoms leads to the decisions taken to seek health care. Biswas et al. (2000) and Krairatcharoen et al. (2010) supported that health seeking behaviour of older people depends on the perception of illness. Older people do not respond to treatment when they explain that their illness is due to their "old-age". However, they sought treatment when the threshold of illness was considered severe enough to be treated (Villacorta, 2003). In this study, to perceive the severity of symptoms the participants try to assess themselves by self-observation such as observing the symptoms of high blood pressure or symptoms of overweight. Self- monitoring and self-evaluation can be significantly influenced by the individual's past experiences. Nakagasien (2008) reported that older people with diabetes have a good relationship with the popular system using their first-hand experience. Moreover, the results in this study indicated that the experience of severe or mild symptoms can be assessed by comparing it with the health status and symptoms that they experienced in the past. Hence, older people's decision-making process begins with the observation of their own symptoms; then the suffering they are facing will be taken into consideration prior to making a decision regarding the severity of those prevailing symptoms.

Seeking health care when experiencing illness is primarily self-care activities that are performed intentionally and the goal is to maintain health; that is called deliberate action (Orem, 2003). According to Orem's theory, (Orem, 2003) it is indicated that self-care consists of two phases. The first phase is consideration and decision that lead to actions and the second is the actions and results of the actions. In this study, the participants try to assess and judge the severity of their illness systematically and rationally. Then decide to manage the illness,

evaluate and modify their ways following the change in the symptoms. The results suggest that health deviation self-care requisites are actions that happen after participants have overweight and hypertension. They try to take care of themselves by seeking help from the persons who are trustworthy such as health care providers, following the treatment plans such as taking medicine, exercising and changing their eating behaviour. Significantly, they have different ways of managing with their symptoms depending on their experiences and family but they have the same goal: well-being. This fact is supported by Orem's theory (2003) that methods for attaining well-being are different following cultural, family and experiences.

6.1.2 Valuable knowledge for decision and choice on the course of action

Once the participants have recognized their symptoms as problematic and acknowledged the need to seek health care, they decide to select the appropriate sources for seeking health care. Selection of the health care sources tends to reflect the person's knowledge and belief (Kleinman, 1980; Nakagasien et al. 2008; Pang et al. 2003). To take care of themselves, the participants use their knowledge based on the perception of the severity of the symptoms and their safety. The reason for performing self-care practices is due to fear of the severity of illness and to maintain health. The results suggest that they try to modify their lifestyle to reduce the risk. The ways for managing the symptoms come from their knowledge and experiences in the past. The first time they use their knowledge as the internal source to manage health problems. Then they seek self-care knowledge from other sources such as media and persons who tended to have similar diseases. As shown in the results, after they search for information from various sources they link the information with their own experience to choose the best way to perform self-care practices. Importantly, the author of the thesis witnessed people in this study confirming their knowledge with social networks and professional health care when they are not confidence to use this knowledge. Gamsing (2007) supported this result, in that health seeking behaviours of older Thai nuns were based on their knowledge. Self-care practice was enacted after they searched for information from other people such as exercise/physical activities and taking medicine to maintain health. Older Thai nuns sought knowledge on self-care from health programs on television and radio, reading books, and consulting other Thai nuns.

6.1.3 Social and professional support as the assistance for attaining well-being

In this study, three distinct features have been indicated by the author of this thesis characterizing pathways to health care service utilization among overweight hypertensive older people. Firstly, the participants try to use internal resources, referring to their knowledge and belief in taking care of themselves, which is discussed above. Secondly, family members play a dominant role more than friends and neighbours in providing advice, information, decision making and actual healing practice. The results from in-depth interview showed that social support was used as their first choice including physical and emotional support; advice and guidance; and assistance in times of personal crisis. As shown in Nakagasien's research (2008) and Pang's research (2003), social network members often provide coping resources, especially in transportation assistance, getting medications and health care services. However, deciding to seek professional support rested mostly with family members because they believe in sharing the decision making with family members. Lastly, a path to health care that began with them, moved to family and friends or neighbours, and they consulted with health care professionals as a final resort. Pang et al. (2003) has reported a similar pathway for health seeking behaviour for Chinese Americans.

The study on health seeking behaviour among older people who are living with overweight and hypertension illustrated that a variety of resources were taken into consideration. For using the professional sector, it is clear that participants prefer to use health care centres than government hospitals and clinics because of familiarity and the service from health care providers and convenience. These findings agreed with the previous studies conducted by Chakraborty (2005) and Gamsing (2007), which found that health care providers are a major reason why older people seek health care from a particular health care provider due to trust in their service provider, easy transportation, and faith in the health care setting. However, their perception of the severity of the symptoms and decision from their family members are important reasons for seeking health care. Once they think that the symptoms have become severe, they changed to the professional sector.

According to Kleinman (1980) a health care system is the cultural system which people use to solve their health problems. The use of this system is related to their beliefs. The result shows that participants change to the folk sector after the popular sector and professional sector were unsatisfactory. They used at least two health care systems including popular sector, folk sector

and professional sector (Chanprasit et al., 2001; Cho, 2004). One interesting thing in this study is that overweight hypertensive older people using folk sector used herbs to reduce their blood pressure, but did not use it to reduce their weight. It is clear why Thai older people in this sample avoided using herbs for weight reduction, because all of them dread the side effect of the drugs that they heard in the media, such as becoming obese after they stop using it. On the contrary, they believe that herbs can reduce blood pressure levels. Nakagasien's research (2008) supported that eating herbs is the way agriculture people in Northeast of Thailand cure disease. They believe that herbs can help relieve illness and reduce blood sugar levels. However, when using health care systems, the evaluation of the outcome of the treatment leads to the transition of resource in seeking health care. If the level of their blood pressure is stable they will still use the health care system that they are satisfied with. On the other hand, if they are dissatisfied, they will resort to others. As shown in Krabtip's study (2004), their reasons for using health care service included the effective treatment, facilities, and health care cost. According to the result, the family plays a dominant role in providing advice and recommending changing sources. In the Thai context, family members are responsible for caring for their parents, which represent their gratitude.

Surprisingly in this study, participants displayed good health seeking behaviour to manage hypertension. This finding is contrary with Bourne et al. (2010), that older people showed poor health seeking behaviour and the study of Chakraborty (2005) illustrated that most of the older people did not seek treatment when ill. This could probably be explained through fearing the severity of the illness and wanting to maintain health led to a good heath seeking behaviour in this sample. On the contrary, the author of the thesis found that participants pay a little attention to their weight because they think that this condition is of low severity; it is not obesity. This leads to the delay in seeking health care to manage overweight in this sample. So, health care providers should provide information about being overweight for them to control and reduce the risk of obesity and other complications.

This study illustrates health seeking behaviour that is performed by overweight hypertensive older people. Also the result can be linked to health seeking behaviour due to other chronic diseases among Thai older people. From the literature reviews, a Thai older person who has chronic diseases has a similar pattern of health seeking behaviour to that in this study, because Thai culture affects health seeking behaviour. As supported by Kleinman's explanatory model (Kleinman, 1980), cultural factors influence the process of seeking health care. Additionally,

this study highlights an important source of health care for the Thai older people; modern medicine. To some participants, it was used to complement or integrate with folk medicine. Therefore, researchers and health care professionals should consider patterns of using modern medicine, as well as other forms of alternative medicine, rather than focusing only on modern medicine. In addition, the common use of home remedies and mixed healing strategies requires that professionals of all types must be aware of, and able to evaluate, such behaviour during their health care interactions. Therefore, health professionals should have more knowledge of alternative therapies and be able to guide older people in using them. Using the health care system in primary regard is significant. So, if the health care providers have the potential to diagnose the problems and the needs of older people it will help them to reduce medical costs and promote older people to use health care services in their locality. Finally, older people always seek self-care knowledge from other resources. To provide health information, the health care provider should deliver the right valuable information to older people and caregivers, directly and indirectly, such as through the radio or the television. However, the important thing for caring for older people is "holistic care" (Watson, 2008). Health care providers not only focus on diseases or physical but also psychological, social and cultural factors (Anderson, 2003; Watson, 2008). They should care the older people to ease their suffering and depending on the needs for promoting self-care and well-being.

6.2 Method discussion

This study focuses on health seeking behaviour among hypertensive and overweight older people. The results illustrate the important components for the health seeking behaviour that is performed by participants. The study finds that participants require social support and professional support that influence their health seeking behaviour.

A descriptive qualitative study is suitable for describing health seeking behaviour among hypertensive and overweight older people. It helps to gain insight into older peoples' experiences when seeking health care to manage hypertension and overweight in older people. It provides information about the "human" side of an issue – that is, behaviours, beliefs, opinions, emotions, and relationships of individual (Bryman, 2008; Polit & Beck, 2008). However, the weakness of this method is that the findings are qualitative, to generalize the theory rather than to the population (Bryman, 2008, p. 391).

The qualitative samples were selected by purposive sampling that provided more data that is concentrated on the topic (Polit & Beck, 2008). The author of the thesis wants to demonstrate the credibility of this research, and cautiously paid attention in selecting the sample. To receive a variety of data and to illustrate the population, male and female older people were interviewed.

To collect the data, an in-depth interview was conducted to gain rich and detailed answers from each individual about health seeking behaviour. That is a flexible approach and allows the older people to talk freely. While interviewing, a deliberate probing was used to ensure the understanding of the participants' meaning. Achieving data saturation is an important feature in qualitative research (Polit & Beck, 2008). Data collection continued until saturation was achieved to ensure that those enrolled later in the main study would have the opportunity to contribute to the qualitative component. However, to provide the most detailed and rich data from an interviewee, making that person comfortable and appearing interested in what they are saying is important, as is using effective interview techniques, such as avoiding yes/no and leading questions, using appropriate body language, and keeping personal opinions in check.

In this study, semi-structured interviews were used to collect the data. The procedure was refined via pilot studies, to illustrate the reliability of the instrument; it helps to gain data to answer the research question. Semi-structured interviews were guided during the interview (Polit & Beck, 2008). It provided in-depth data, particularly in the data answering the research purpose for this study. To do so effectively, strategies to enhance the study included intensive listening during interviewing and using probing questions as methods to achieve the interviewee's trust. However, it depends on the skill of the interviewer; the ability to think of questions during the interview and articulacy to participants.

In analyzing the data, qualitative content analysis can provide valuable insights about health seeking behaviour among overweight and hypertensive older people through the analysis of texts. To achieve credibility, the process of selecting the most suitable meaning units and the quotation marks is represented from the transcriptions (Graneheim & Lundman, 2004). To seek agreement between advisors, peer reviewers and researcher is a way to address the issues of dependability and conformability. Additionally, the results reflect the participants' voice about health seeking behaviour in subjective terms, without the perspectives or imagination of the

author of the thesis. However, content analysis is often devoid of a theoretical base, or attempts to liberally draw meaningful inferences about the relationships and impacts implied in a study.

It is generally accepted that findings from a qualitative study limit generalization, as they are not proofs of real life per se, but an indicator of a specific subject, or studied within a certain context (Polit & Beck, 2008). Thus, these findings may be used to explain and also test health seeking behaviour among hypertensive and overweight older people in comparable settings, but the readers should consider whether or not the results are transferred to another context by in-depth understanding. To provide transferability, the author of the thesis gives a clear description of the context, characteristics of participants, and the process of data collection and data analysis.

6.3 Ethical discussion

In every discipline that involves research with humans, researchers have to concentrate on a range of ethical issues (Polit & Beck, 2008, p.167). So, ethical guidelines were strictly pursued. Significantly, in qualitative research, the data is collected and analyzed transparently. In this study, awareness of ethical considerations was observed throughout the research process, and was concerned with both physical and emotional harm to participants. Some of the older people in this study used to receive home visits by the author of the thesis when supervising nursing students in practice. So ways of avoiding probable unfavourable effect of this relationship which may affect the results of this study were created. Firstly, they can decide not to answer any questions if they want to and can withdraw their participation at any time without disapproval. Finally, they were given a guarantee that the treatment by a health care service will not be affected by their decision to either participate or not in this study. Moreover, the information was kept confidential and was reported anonymously as group data. So, no problems related to ethics were experienced, or influences on the results that can answer the research question and aim of the study clearly and comprehensively.

6.4 Recommendation for further study

From the results, it is suggested that Thai older people in this study rely heavily on their families to gain access to health care systems; further studies should focus on members of the informal or social support and examine their perceptions, practices, and opinions about optimal health care for their older people. In this study, only interviews were used for collecting data. A

future study would collect data from multiple resources such as focus groups or interviews with their family. It may help to get different results and understand about health seeking behaviour among overweight hypertensive older people from various perspectives. A future study may focus on other aspects, such as barriers to health seeking behaviour in older people. Moreover, the cognition and cognitive coping process, such as how the feelings of older people influence their health seeking behaviour will be studied**.**

7. CONCLUSION

This research was a qualitative study to describe health seeking behaviour among overweight hypertensive older people. The qualitative data reported that older people perform health seeking behaviour by using three key concepts. Three key concepts include the understanding of needs for seeking health care, valuable knowledge for decision-making and choices about the course of action and social and professional support as the assistance for attaining well-being. To understand the time and the reason for seeking health care, the perception of the severity of the illness and fear of getting worse are the key factors affecting health seeking behaviour. Appropriate behaviour is shaped by older people's knowledge. The results of this study suggested that self-care, including self-treatment, is common when the severity of illness is perceived to be low. Once the level of severity is defined, a course of action is taken—more severe cases were taken for professional support, less severe cases were treated at home. Nevertheless, the participants preferred to start managing the symptoms by practicing self-care. If self-management was ineffective, they would seek health care from social and professional support. Most significantly, family members in this study are reported as playing an important role in health seeking behaviour by the older individuals.

ACKNOWLEDGEMENT

The success of this thesis can be attributed to the cooperation of my participants. My heartfelt thanks go to all of the older people who were willing to be my study participants. I am thankful to the nurses at the health care centre for helping me get through the data collection.

I would like to express my deepest gratitude to my advisors, Dr. Christine Gustafsson, Dr.Petra von Heideken WÅgert and Dr. Viliporn Runkawatt for their understanding, encouragement, support, and valuable guidance throughout the thesis process.

I also would like to extend my special thanks to my teacher in Thailand, Dr. Nongnaphat Rungnoei for her kindness, valuable suggestions and counsellor content analysis in this thesis.

A special thank to Mr. Pulawit Thongtang for his encouragement and assistance throughout the study.

Finally, I would like to show my deep appreciation to my family for their infinite inspiration, understanding, and support that encouraged me to accomplish this thesis. Also many thanks go to all those who helped, whose names I did not mention, for helping me to make this thesis a success.

Junjira Seesawang

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Appendix 1

Document for the participants of research projects

Health Seeking Behaviour among the Overweight Hypertensive Older people

Objective

To explore health seeking behaviour in the older people with hypertension and overweight

Participants will pass through the following maneuver:

Interview for individual information, approximate 45-60 minutes by the author of the thesis at the convenient place for the participants ensure that the data are secretiveness.

Significant of research

The result of this study can apply in gerontological nursing. This information helps health care providers to understand the health seeking behaviour in older people with hypertension and overweight for promoting health seeking behaviour correctly. In addition, planning specific heath care service to the older people will be performed. The finding can transfer to other older people who live in the same context.

Participants' right

The participation in this study is willing. Participants can decide not to answer any questions if they want to. In addition, they have the right to withdraw from this study whenever they need. The information that provide in this study will be kept confidential and the result of the study will be reported as group data and anonymous. Your care at health care service will not be affected by your decision to either participate or not in this study.

เอกสารคำอธิบาย/คำชี้แจงแก่ผู้เข้าร่วมโครงการ

โครงการวิจัยเรื่อง

พฤติกรรมการแสวงหาการดูแลสุขภาพของผู้สูงอายุโรคความดันโลหิตสูงที่มีน้ำหนักเกิน ในตำบลสมอพลือ จังหวัดเพชรบุรี

การศึกษาวิจัยนี้เป็นส่วนหนึ่งของการเรียนในระดับปริญญามหาบัณฑิต หลักสูตรการดูแลสุขภาพ ของนางสาว จันทร์จิรา สีสว่าง

วัตถุประสงค์และวิธีการวิจัย

เพื่อศึกษาพฤติกรรมแสวงหาการดูแลสุขภาพ และปัจจัยที่เกี่ยวข้องกับการเลือกใช้ระบบการดูแลสุขภาพของผู้สูงอายุโรคความดันโลหิตสูงที่มีภาวะน้ำหนักเกิน ในตำบลสมอพลือ จังหวัดเพชรบุรี โดยการสัมภาษณ์ซึ่งมีรายละเอียดเกี่ยวกับข้อมูลส่วนบุคคลของท่าน ข้อมูลการมีโรคประจำตัวของท่าน ข้อมูลการดูแลสุขภาพ ได้แก่ การรับประทานอาหาร การออกกำลังกาย การจัดการความเครียด และพฤติกรรมการแสวงหาการดูแลสุขภาพของท่าน

เหตุผลที่เชิญชวนให้ผู้ยินยอมตนให้ทำการวิจัยเข้าโครงการวิจัย

ด้วยท่านเป็นประชากรของตำบลสมอพลือ อำเภอบ้านลาด จังหวัดเพชรบุรี ผู้วิจัยใคร่ขอเรียนเชิญท่านเข้าร่วมการศึกษาในครั้งนี้

ระยะเวลาที่ต้องทำการทดสอบผู้ยินยอมตนให้ทำการวิจัย

โดยหากท่านตัดสินใจเข้าร่วมการวิจัยครั้งนี้ ท่านจะได้รับการสัมภาษณ์จากผู้วิจัย ซึ่งจะใช้เวลาประมาณ 45-60 นาที

ประโยชน์ที่คาดว่าจะเกิดขึ้นทั้งต่อผู้ยินยอมตนให้ทำการวิจัย และผู้อื่น

ผลการวิจัยนี้ช่วยให้เกิดความเข้าใจถึงพฤติกรรมแสวงหาการดูแลสุขภาพ และปัจจัยที่เกี่ยวข้องกับการเลือกใช้ระบบการดูแลสุขภาพของผู้สูงอายุโรคความดันโลหิตสูงที่มีภาวะน้ำหนักเกิน ทั้งนี้ผู้สูงอายุโรคความดันโลหิตสูงที่มีภาวะน้ำหนักเกิน มีความเสี่ยงที่จะเกิดความรุนแรงของโรคและโรคแทรกซ้อนเพิ่มมากขึ้น ดังนั้นการประเมินพฤติกรรมแสวงหาการดูแลสุขภาพ จะทำให้บุคลากรเข้าใจวิถีการดูแลสุขภาพ และนำข้อมูลมาวางแผนดำเนินงานสร้างเสริมสุขภาพ และให้บริการสุขภาพแก่ผู้สูงอายุโรคความดันโลหิตสูงที่มีภาวะน้ำหนักเกินได้อย่างมีประสิทธิภาพ

ความเสี่ยง หรือความไม่สบายใด ๆ ที่คาดว่าจะเกิดขึ้นกับผู้ยินยอมตนให้ทำการวิจัยในระหว่างการเข้าร่วมการศึกษาวิจัย

ท่านอาจจะรู้สึกอึดอัดบ้างในเวลาที่ได้รับการสัมภาษณ์ เพราะท่านอาจจะต้องใช้เวลานึกถึงคำตอบที่ใกล้เคียงกับสิ่งที่ท่านปฏิบัติมากที่สุด ท่านสามารถใช้เวลาในการตอบคำถามอย่างเต็มที่ ท่านสามารถไม่ตอบคำถามในบางข้อหรือไม่ตอบข้อใดเลยก็ได้ถ้าท่านไม่สะดวก

การเตรียมผลิตภัณฑ์ หรือกระบวนการการรักษาที่พิสูจน์จากการทำวิจัยแล้วว่าปลอดภัย และมีประสิทธิผลไว้ให้ผู้ยินยอมตนให้ทำการวิจัย

เป็นเพียงการตอบคำถามตามแบบสัมภาษณ์

ทางเลือกในการรักษาหรือวิธีการตรวจวินิจฉัยอื่นที่อาจจะเป็นประโยชน์แก่ผู้ยินยอมตนให้ทำการวิจัย

เป็นเพียงการตอบคำถามตามแบบสัมภาษณ์

ขอบเขตการดูแลรักษาความลับของข้อมูลต่าง ๆ ของผู้ยินยอมตนให้ทำการวิจัย

ในการวิจัยครั้งนี้ ข้อมูลทั้งหมดที่ได้รับจากท่านจะได้รับการพิทักษ์สิทธิไม่เปิดเผยชื่อในลักษณะของรายบุคคล จะเปิดเผยได้เฉพาะในรูปแบบที่เป็นผลสรุปในภาพรวมเท่านั้น โดยแบบเก็บข้อมูลจะถูกทำลายทันทีหลังจากการทำวิจัยเสร็จสิ้นแล้ว

การดูแลรักษาที่ผู้วิจัยจะจัดให้

เป็นเพียงการตอบคำถามตามแบบสัมภาษณ์

กรณีเกิดอันตรายหรือผลไม่พึงประสงค์จากการศึกษาวิจัย ผู้ยินยอมตนให้ทำการวิจัยจะได้รับการดูแลรักษาโดยไม่ต้องเสียค่าใช้จ่าย

เป็นเพียงการตอบคำถามตามแบบสัมภาษณ์

ในกรณีเกิดอันตรายจากการวิจัยถึงขั้นพิการ หรือเสียชีวิต ผู้ยินยอมตนให้ทำการวิจัยหรือทายาทจะได้รับการชดเชย

เป็นเพียงการตอบคำถามตามแบบสัมภาษณ์

สิทธิผู้ยินยอมตนให้ทำการวิจัยจะถอนตัวออกจากโครงการวิจัยได้ทุกเมื่อ โดยไม่กระทบต่อการดูแลรักษาที่พึงได้รับตามปกติ

ท่านมีสิทธิที่จะตอบรับหรือปฏิเสธการเข้าร่วมวิจัยครั้งนี้ และถึงแม้ท่านได้ยินยอมเข้าร่วมในการวิจัยแล้ว ท่านยังคงมีสิทธิยกเลิกการเข้าร่วมการวิจัยได้ตลอดเวลา โดยจะไม่ได้มีผลกระทบใด ๆ ต่อการได้รับบริการสุขภาพของท่าน

หากท่านมีข้อสงสัยเกี่ยวกับการวิจัยครั้งนี้ ท่านสามารถสอบถามได้ที่

นางสาวจันทร์จิรา สีสว่าง วิทยาลัยพยาบาลพระจอมเกล้า จังหวัดเพชรบุรี อำเภอเมือง จังหวัดเพชรบุรี 76000

โทร 086-0323917 ทั้งในและนอกเวลาราชการ

นางสาวจันทร์จิรา สีสว่าง

ผู้วิจัย

Appendix 2

Informed consent form

My name is Junjira Seesawang. I am a master student in Caring Science, Malardalen University, Sweden. I am currently conducting a study about health seeking behaviour among the hypertension and overweight older people. The result of this study will help nurses or health care providers to understand the health seeking behaviour in older people with hypertension and overweight. Moreover, the result may be used to promote health seeking behaviour in older people with hypertension and obesity correctly in order to control their hypertension, reduce their weight and reduce risk of complication.

I would like to invite you to participate in this study. If you agree to participate in this study, you will be interviewed about your health seeking behaviour and factors that related to health seeking behaviour. However, your participation is voluntary. You have the right to withdraw from this study whenever you need. In addition, you can decide not to answer any questions you want to. The information that you provide in this study will be kept confidential and the result of the study will be reported as group data and anonymous. Your care at health care service will not be affected by your decision to either participate or not in this study. If you have any questions about this study, you can ask me anytime. Thank you.

……Participant/ instead of fair

(……)

Date……

Appendix 3

Interview guide

Health Seeking Behaviour among the Hypertensive and Overweight Older people

The semi-structure comprise of 4 parts:

Part 1 General Questions

1. How is your health in the present?
2. How long have you had the hypertension?

Part 2 Specific Questions

1. How did you know that you had hypertension? What symptoms did you experience?
2. After you know, how are you taking care of yourself?
   2.1 Where do you seek health care?
   2.2 When and why do you seek care?
   2.3 How are you seeking the heath care?
   2.4 What kind of treatment do you think you should receive?
   2.5 How do you think about these ways?
   2.6 Who help to make decisions or advice for you?
3. How are your blood pressure and your weight in now?
4. How do you behave in controlling symptoms of the disease?
   4.1 Food control
   4.2 Exercise
   4.3 Drug (herbs to reduce the pressure)
   4.4 Stress management
5. What are you worried about?
6. What do you fear most about this disease? Why?

Part 3 Probe Questions

1. Will you tell me more about that……..
2. Why do you think that……..
3. Could you explain something more about that…….

Part 4 Close Questions

1. What else would you like to tell me which I did not ask?
2. What is expected when you receive the treatment?
3. What would you tell health care provider about health service for hypertensive and overweight older people?
4. How do you feel when you share your experiences with me?

Interview date……Time…….Place……...

Duration……..

Interviewer……..

Interviewee……..