

# Research Progress on Clinical Nursing of Hypertension

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**Abstract:** High-quality nursing care can greatly reduce the occurrence of nursing accidents and help patients maintain better physical and mental health. For patients with hypertension, special attention should be given to clinical nursing. Providing scientific medication guidance, along with psychological support, can improve their medication compliance and establish a good doctor-patient relationship, aiding in their faster recovery. Based on a review of relevant literature and the author's practical experience, this paper first analyzes the content and requirements of clinical nursing for hypertension, then discusses the main factors that restrict the effectiveness of clinical nursing for hypertension, and finally suggests improvements to the clinical nursing model for hypertension to serve as a reference for colleagues.

**Keywords:** Hypertension; Disease; Clinical care

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## 1. Introduction

With the rapid development of society, people's material living standards and daily living habits have gradually changed, and hypertension has become an increasingly important factor threatening public health. Nurses should not only dedicate themselves to their profession and continuously improve their clinical nursing skills for hypertension but also focus on humanistic care and establish strong relationships with patients. This approach can enhance the effectiveness of clinical nursing care and aid in the faster recovery of patients.

## 2. The content and requirements of clinical nursing for hypertension

### 2.1. Conducting health education to establish correct patient cognition

As a chronic disease, hypertension requires long-term treatment, which imposes higher demands on patients' mindset, understanding, and compliance. In the process of clinical nursing for hypertension, it is crucial to provide health education and establish correct patient cognition. Nursing staff need to educate patients about the disease, guide them to understand hypertension symptoms, the necessity of regulating blood pressure, and the factors influencing treatment outcomes, and encourage active cooperation in treatment to achieve effective

blood pressure control <sup>[1]</sup>. Firstly, nursing staff should actively communicate with patients' families, encourage their participation in treatment planning, and support them in helping patients adjust their mentality and adhere to treatment. Secondly, health education should be integrated throughout the treatment process, with a focus on humanistic care to establish a harmonious relationship with patients. This requires nursing staff to understand patients' knowledge of the disease, identify actual issues in treatment adherence, and develop scientific and reasonable nursing plans and education methods based on these insights. In general, health education content includes medication contraindications, the importance of adhering to medication, misconceptions about hypertension prevention and treatment, hypertension risk factors, and correct blood pressure measurement techniques <sup>[2]</sup>.

## **2.2. Optimizing medication guidance to improve treatment compliance**

When introducing antihypertensive drugs to patients and their families, it is essential to emphasize medication methods, adverse symptoms, contraindications, and drug efficacy, and underscore the importance of continuous medication to ensure correct usage and cooperation with medical staff. For initial treatment, a small dose is typically used to relieve symptoms <sup>[3]</sup>. During this stage, patients should follow the prescribed frequency and dosage to achieve optimal antihypertensive effects. Once the patient's blood pressure is at an ideal level, a maintenance dose of long-acting antihypertensive drugs should be selected. Good medication adherence during this phase can significantly reduce blood pressure fluctuations. Nursing staff should follow the doctor's instructions for timely medication distribution and monitor patients' reactions and blood pressure changes to promptly address adverse symptoms. It is important to monitor the patient's dosage carefully to prevent unauthorized changes that could lead to adverse reactions and impact treatment efficacy <sup>[4]</sup>. Blood pressure changes should be monitored using a fixed sphygmomanometer, at fixed locations and times, with detailed and accurate recording of data. If a patient's blood pressure is high upon waking, they should be instructed to take standing antihypertensive drugs and rest in bed for half an hour before getting up. In cases of high blood pressure and headache during routine medication, additional antihypertensive drugs may be necessary <sup>[5]</sup>. Conversely, if blood pressure is low, medication dosage should be reduced. Adverse reactions such as dizziness and palpitations due to excessive blood pressure reduction should be managed by guiding patients to rest properly to prevent fainting from insufficient blood supply to the heart and brain <sup>[6]</sup>.

## **2.3. Stabilizing patient mood to minimize physiological and environmental interference**

Hypertensive patients have more pronounced and longer-lasting responses to stimuli compared to normotensive individuals. Nursing work should focus on stabilizing the patient's mood to prevent blood pressure fluctuations caused by emotional changes <sup>[7]</sup>. Nursing staff should understand patients' psychological states and alleviate their concerns. For patients with mood swings, it is necessary to identify the reasons for their negative emotions and take personalized intervention measures. For instance, if a patient is easily agitated, nursing staff should introduce relaxation techniques and guide them to address dissatisfaction calmly, avoiding conflicts. If a patient is worried about their condition, nursing staff should explain treatment methods to alleviate their concerns. For patients experiencing depression, nursing staff can introduce self-regulation techniques to help them maintain a positive outlook <sup>[8]</sup>.

# **3. The main factors that restrict the clinical nursing effect of hypertension disease**

## **3.1. Lack of responsibility consciousness among nurses**

The service targets of nursing staff are relatively special, and their daily work content is quite complex. They

need to possess high professional skills and excellent ideological qualities to perform their duties effectively. However, a few nursing staff members lack patience, empathy, a sense of responsibility, and attention to detail in their daily work, which hampers the improvement of nursing service quality<sup>[9]</sup>. When nurses lack carefulness, patience, and empathy, they tend to become impatient while guiding hypertension patients in drug use. This impatience often transfers negative emotions to patients, resulting in strained doctor-patient relationships and even conflicts. Additionally, when nurses lack a sense of responsibility and ignore rules, regulations, and procedural standards during daily shifts, or if handovers are not clear, it can adversely affect the work of the subsequent nursing staff<sup>[10]</sup>.

### **3.2. Ineffective and untimely communication with patients**

Most patients and their family members lack a medical knowledge background and have little understanding of clinical treatment measures for hypertension. Ineffective and untimely communication with patients can easily affect their medication compliance. To encourage patients to actively cooperate with treatment and strictly follow the doctor's advice, nursing staff need to use certain communication skills to explain the disease and treatment methods to patients and their families. In practice, some nursing staff members lack communication skills, neglect communication, and fail to take necessary measures to address nurse-patient communication issues promptly. This neglect leads to numerous doctor-patient conflicts and even affects patient treatment<sup>[11]</sup>.

## **4. Clinical nursing improvement measures for hypertension disease**

### **4.1. Establish and improve clinical nursing rules and regulations**

According to the clinical nursing characteristics of hypertension and the actual development of the hospital, the hospital should improve the clinical nursing rules and regulations for hypertension in accordance with the Regulations on Handling Medical Accidents and the Nurse Regulations. This will promote the efficient development of various nursing tasks. Specifically, the clinical nursing rules and regulations for hypertension disease should clarify the job responsibilities, supervision measures, and incentive measures for nursing staff. This provides necessary guidance for nursing staff to carry out their work and encourages them to actively and carefully complete health education, medication guidance, emotional counseling, and other tasks<sup>[12]</sup>.

### **4.2. Strengthen the training of clinical nursing staff**

Necessary training is crucial for improving the ideological awareness and operational skills of clinical nursing staff dealing with hypertension. Hospitals need to regularly organize training sessions for nursing staff based on the development of clinical nursing work for hypertension disease. This creates favorable conditions for their self-improvement. Through these training activities, nursing staff can learn advanced nursing knowledge, medical knowledge, and work philosophies, keeping their abilities and thinking in line with current times<sup>[13]</sup>. For example, hospitals can establish online training platforms to help nursing staff stay updated on the latest developments in the nursing field and strengthen their knowledge of nursing theory and operational skills. The content of online training generally includes basic nursing skills training, medication knowledge propaganda and education training, doctor-patient communication skills training, and psychological counseling skills training. This ensures that nursing staff can master antihypertensive drug incompatibilities, basic nursing operations, communication skills, and mental health education abilities<sup>[14]</sup>.

### **4.3. Optimize the scheduling mode**

The rehabilitation of patients with hypertension relies on the careful care of medical staff and family members,

with nursing staff undertaking particularly tedious tasks. They need to monitor patients' blood pressure changes, guide their medication, and provide necessary psychological support and health education based on their actual situation. The nature of this work often keeps nursing staff in a tense working state for extended periods. Long-term high-intensity work is a major cause of fatigue among nursing staff. Hospitals should optimize the scheduling model to ensure that clinical nursing staff dealing with hypertension receive adequate rest. First, hospitals can scientifically analyze the nursing needs of patients with hypertension and the actual working capacity of nurses to formulate a reasonable work plan. This aims to minimize the continuous working time of individual nursing staff and avoid excessive fatigue while ensuring the quality of care. Second, hospitals can adjust the scheduling plan of nursing staff according to the peak hours of admission and discharge of hypertension patients. For instance, increasing staffing during peak hours can ensure that patients receive high-quality care and prevent staff fatigue from overwork.

#### **4.4. Strengthen the management of nursing staff**

The management of clinical nursing staff should transition from “tough” to “soft,” adopting “soft” management measures. In modern clinical nursing management of hypertension, it is essential to apply the “people-oriented” concept and optimize management measures and methods. In hypertension treatment, nurses are the primary group directly facing patients. They need to complete tasks such as medication guidance and nurse-patient communication and collect a large amount of treatment data. As managers, it is crucial not only to focus on “improving the level of clinical nursing” and implementing various management systems but also to care about the nursing staff, understand their work content, intensity, and mentality, and take appropriate measures to motivate and guide them. This approach mobilizes their work enthusiasm. Through these “soft” management measures, the potential of nursing staff can be explored and maximized, enhancing their work effectiveness<sup>[15]</sup>. For example, managers can use conversations to understand the working status and needs of nursing staff, formulate some welfare policies to address their difficulties in life and work, and encourage them to devote themselves to clinical nursing work for hypertension disease without worries.

### **5. Conclusion**

Improving the quality of clinical nursing work and perfecting the clinical nursing service model are of great significance for the rehabilitation of patients with hypertension and for realizing the personal value of nursing staff. Hospitals should optimize the existing management model according to the content and requirements of clinical nursing work for hypertension, combined with the influencing factors of clinical nursing work effectiveness for hypertension. This will create conditions for the development of nursing staff's working abilities and work potential. Specifically, hospitals should establish and improve clinical nursing rules and regulations based on the collection and analysis of relevant data, strengthen the training of clinical nursing staff, optimize the scheduling model, and enhance the management of nursing staff. These measures aim to improve the quality of clinical nursing work for hypertensive patients and promote the recovery of patients as soon as possible.

### **Disclosure statement**

The authors declare no conflict of interest.



## References

- [1] Chen L, Lu L, 2023, Effect of Clinical Nursing Pathway Based on Predictive Nursing on Patients with Hypertensive Disorders Complicating Pregnancy. *Chinese and Foreign Medical Research*, 21(31): 87–90.
- [2] Zheng X, 2023, Application of Clinical Nursing Pathway Combined with Predictive Nursing in Pregnant Women with Pregnancy-Induced Hypertension. *Knowledge of Cardiovascular Disease Prevention and Treatment*, 13(23): 53–55.
- [3] Mo M, Lin Y, Zeng L, 2023, Clinical Research on the Application of Predictive Nursing Intervention in Patients with Pregnancy-Induced Hypertension Syndrome. *China Urban and Rural Enterprise Health*, 38(5): 169–171.
- [4] Wang X, Zhao X, Yu H, 2023, Application Effect of High-Quality Nursing in Gestational Diabetes Mellitus Complicated with Gestational Hypertension. *Journal of Applied Gynecologic Endocrinology*, 10(7): 126–128.
- [5] Chen Y, Qiu Y, Zheng T, 2023, Effects of Hospital-Based Fine Nursing on Delivery Outcome and Blood Pressure Level of Patients with Hypertensive Disorders Complicating Pregnancy. *Journal of Applied Gynecologic Endocrinology*, 10(5): 124–126.
- [6] Wen H, 2021, Clinical Nursing Analysis of Large Dose Magnesium Sulfate in the Treatment of Moderate and Severe Gestational Hypertension. *Heilongjiang Traditional Chinese Medicine*, 51(6): 286–288.
- [7] Luo M, 2021, Analysis of the Value of Clinical Nursing Pathway Combined with Predictive Nursing in the Nursing of Pregnancy-Induced Hypertension. *Modern Diagnosis & Therapy*, 33(19): 2982–2984.
- [8] Zhou Y, 2021, Application Effect of Clinical Nursing Pathway in Patients with Hypertensive Cerebral Hemorrhage Treated by Minimally Invasive Hematoma Evacuation. *China Minkang Med*, 34(18): 171–173.
- [9] Li F, Wang J, 2021, Exploring the Effect of Predictive Nursing Combined with Clinical Nursing Pathway on Postpartum Nursing of Pregnant Women with Hypertensive Disorders Complicating Pregnancy. *Journal of Applied Gynecologic Endocrinology Electronic Journal*, 9(23): 94–97.
- [10] Li W, Huang W, Xia B, 2021, Application of Clinical Nursing Pathway Combined with Predictive Nursing in Pregnant Women with Pregnancy-Induced Hypertension. *Hainan Med*, 33(14): 1902–1904.
- [11] Chen L, 2012, Nursing Methods and Effects of Perioperative Patients with Hypertension and Bladder Cancer. *Knowledge of Cardiovascular Disease Prevention and Treatment*, 12(18): 48–51.
- [12] Li A, Zhang M, Wu Y, et al., 2021, Value Analysis of Clinical Pathway in the Nursing of Patients with Hypertensive Epistaxis. *Journal of Integrated Traditional Chinese and Western Medicine Cardiovascular Disease Electronic Journal*, 10(10): 102–105.
- [13] Zhao Y, Lei H, Bing Z, 2021, Application of Clinical Nursing Intervention Under Chronic Disease Trajectory Model in Elderly Patients with Hypertension and Angina Pectoris. *Knowledge of Cardiovascular Disease Prevention and Treatment*, 11(36): 31–33.
- [14] Shan X, 2021, The Significance of Strengthening Health Education in Clinical Nursing of Elderly Patients with Hypertension to Improve Disease Awareness and Quality of Life. *Heilongjiang Traditional Chinese Medicine*, 50(2): 197–198.
- [15] Yan T, Ke F, Lan L, et al., 2021, Application Value Analysis of Clinical Nursing Pathway in Patients with Hypertension Complicated with Nodular Goiter. *Knowledge of Cardiovascular Disease Prevention and Treatment*, 11(9): 88–90.

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