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Hypertensive Patients' Experiences in Lifestyle Management: Evaluating the Impact of a Structured Program on Health Behaviors and Quality of Life

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Abstract: Hypertension is a major public health problem in Iraq because it is so common and hard to control. This study looks at how a structured, nurse-led educational program affects the health behaviors and quality of life of people with high blood pressure in Baghdad. The intervention's goal is to help people manage their lifestyles better, including their diet, exercise, and taking their medications as prescribed. It uses a quantitative, pre-test/post-test design. The main results are changes in quality of life and scores on healthy lifestyle scales that have been shown to be reliable. This study gives important, culture-specific information that can help improve nursing practice and help people in Iraq manage their high blood pressure.

Keywords: hypertension, patient education, lifestyle management, quality of life, health behaviors, nursing intervention, self-care, Iraq.

Introduction

Hypertension, or high blood pressure, is one of the top preventable causes of early death and disability around the world. It is a major risk factor for heart disease, stroke, and chronic kidney disease (Al-Rousan et al., 2020). The global burden is huge, with estimates saying that by 2025, 1.56 billion people will be affected, and a large number of them will live in low- and middle-income countries (LMICs) (Ramdani & Haddiya, 2024).

Iraq is one of the most worrying places in the Middle East, with prevalence estimates ranging from 30% to over 50% in different studies (Sinjari, 2021; WHO, 2021). This is made worse by the fact that awareness, treatment, and control rates are very low, which greatly increases the risk of preventable illness and death (Schutte et al., 2021). Managing high blood pressure well goes beyond just taking medication. It also involves getting patients to actively and consistently manage their own health by making lifestyle changes and following medical advice (Sambah et al., 2025). Patients in Iraq, on the other hand, face a lot of problems, such as not knowing enough, cultural norms about diet, and problems with the healthcare system as a whole (Al-Hazmi et al., 2025). Educational interventions have worked well in many places around the world, but there isn't much evidence that culturally appropriate, nurse-led programs that are made for and tested in Iraq work. The goal of this study is to fill that important gap.

Research Aim and Research Questions

The main goal of this study is to find out how a structured educational program affects the quality of life and lifestyle management of adult patients with essential hypertension in Baghdad, Iraq.

The study is guided by the following research questions:

1. Does taking part in a structured educational program make a statistically significant difference in the healthy lifestyle scores of people with high blood pressure?

2. Does the program make a statistically significant difference in the health-related quality of life scores of the people who take part?

Research Methodology and Expected Results

This study uses a quantitative, pre-test/post-test design to find out how well the intervention works.

Participants and Setting

The target population is adult workers at oil companies in Baghdad, Iraq, who have been diagnosed with essential hypertension. Participants will be chosen based on a confirmed diagnosis and their ability to give informed consent.

Intervention

Participants will take part in a structured educational and empowerment program led by a nurse. The curriculum is tailored to the Iraqi context and focusses on increasing knowledge about high blood pressure, encouraging people to stick to lifestyle changes (like changing their diet, getting more exercise, and managing stress), and improving self-care skills like taking medications as prescribed and keeping track of blood pressure.

Data Collection and Analysis

There will be two times when data is collected: before the intervention and after it. We will use validated tools, such as the Hypertension Self-Care Profile (HTN-SCP) to look at lifestyle habits and

the World Health Organisation Quality of Life-BREF (WHOQOL-BREF) to look at quality of life. SPSS will be used to look at the data. We will use paired-samples t-tests to look at the scores before and after the intervention.

Expected Results

Expected Results: The study's hypotheses say that participants who finish the educational program will show a statistically significant rise in their healthy lifestyle scores (H1) and a statistically significant rise in their overall quality of life and its specific areas (H2) from the beginning to the end of the program.

Conclusions

This study is likely to make a big difference in how high blood pressure is treated in Iraq. This study gives a scalable model for improving patient outcomes by giving strong, real-world proof of how well a culturally-sensitive, nurse-led intervention works. The results will be very helpful for giving nurses and other health care workers a framework based on evidence to help patients manage their own health. This research will show policymakers and health system administrators a practical and cost-effective way to deal with the huge problem of non-communicable diseases in Iraq. In the end, this work aims to improve patients' adherence to treatment plans and quality of life by giving them more knowledge, skills, and a sense of empowerment. This will help lower the long-term effects of hypertension (Parandeh et al., 2018; Sanaie et al., 2016).

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