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HEALTH BELIEFS OF HYPERTENSIVE BLACK PEOPLE ABOUT STRESS

Cláudia Geovana da Silva Pires*
Fernanda Carneiro Mussi**

ABSTRACT
This is a descriptive and exploratory study which aimed to describe the health beliefs of hypertensive black people about stress control and survey the sociodemographic factors involved. A specific instrument was used to interview the 106 participants, all of them adult, black, and hypertensive. Data was analyzed in percentages, frequency of cases, scores, and prevalence ratio. The global analysis allowed evidencing that participants showed to be uncertain about avoiding concern and they perceived more benefits with regard to having leisure and fun hours and having some time for rest, tranquility, relaxation, and meditation. Women, younger people, and people with no partner, low income, and low education level perceived fewer beliefs on stress control. The study identified indicators which interfere with stress control and it points out the need for thinking through and implementing new ways of caring for hypertensive black people.

Keywords: Nursing. Hypertension. Prevention. Control.

INTRODUCTION

High blood pressure (HBP) is a chronic non-communicable disease regarded as a public health problem around the world[1]. Its etiology is unknown in 90% of cases, but at the onset two risk factor groups are taken into account, the uncontrollable, which include heredity, age, race/color, and sex, and the controllable, encompassing overweight/obesity, excessive intake of sodium, saturated fats and alcoholic beverages, sedentary lifestyle, smoking, and psychosocial stress[2]. Thus, the great challenge consists in prevention and control actions of factors influencing adherence to treatment[1].

Stress is a natural and needed life element, it involves the motor and physiological capacity of individuals to react. However, the overload of stress-provoking situations or maintenance of certain stressful conditions can determine the emergence or worsening of diseases[3]. The cardiovascular reactivity hypothesis considers that individuals with higher blood pressure responses when faced with stressful stimuli of daily life have increased risk for cardiovascular diseases, particularly hypertension and coronary disease, due to increased variability and higher blood pressure levels under stressful situations. Therefore, they have a greater tendency to trigger the structural and functional changes in the heart and in the target organs, some features of HBP[4].

Although psychosocial stress is regarded as a risk factor for HBP, literature analysis shows that little has been explored about the beliefs of hypertensive black people with regard to stress prevention and control. It is worth highlighting that the relationship between black skin color and HBP is associated both to biological and social factors[5], especially due to economic deprivation and resistance to racial oppression, leading to the adoption of inadequate diets, high stress level, and higher rates of alcohol and tobacco consumption[6].

Knowing health beliefs about stress control is essential, so that the nurse can help individuals to face this risk factor, as they are predictors of behavior. Beliefs are information provided by the family and society since childhood, reinforced by culture[7]. They may be defined as a result of the experience domain, constituting firm beliefs with no rational grounding that shape everyday behavior. They are linked to individuals' knowledge, perceptions, attitudes, and practices within a family and community context[8].

Considering the scarce literature on health beliefs related to stress from the perspective of

*Nurse. PhD in Nursing by Universidade Federal da Bahia (UFBA). Adjunct Professor, Escola de Enfermagem da UFBA. Email: cgspires@uol.com.br
**Nurse. PhD in Nursing by Universidade de São Paulo. Associate Professor, Escola de Enfermagem da UFBA. Email: femussi@uol.com.br

hypertensive black people, the study objectives are: 1) describing the health beliefs of hypertensive black people on stress control; 2) meeting the sociodemographic factors associated to health beliefs about stress control. We hope to promote in the academic community and society a reflection on HBP, stress, and health care practices, aimed at prevention and control.

MATERIALS AND METHODS

This is a quantitative and exploratory research. We chose the Health Beliefs Model as the theoretical framework. The basic premise of this model is that the world of the person who perceives and her/his motivation determine her/his behavior, instead of the physical environment[9]. This model involves four variables: perceived susceptibility (subjective perception of the risk a person has to contract some disease); perceived severity (degree of emotional arousal with regard to the disease); perceived benefits (belief in the action effectiveness); and perceived barriers (negative aspects of the action)[9]. In this study, we investigated the health beliefs about perceived benefits and barriers to control stress among hypertensive black people. The research was conducted in a reference center aimed at the care for people with HBP, located at Liberdade, Salvador, Bahia, Brazil. This neighborhood is home, mostly, to black-skinned people. For calculating sample size, we assumed the expected benefit frequency of 50%, with an acceptable error of 40%, with a significance level of 5% and the sample power was around 60%[10]. Having the calculation as a basis, the sample consisted of 106 adults, of both sexes, with a medical diagnosis of HBP for, at least, 6 months, who are self-declared black and enrolled in the HBP program of the institution under study. The choice for black-skinned people is justified by the higher prevalence of HBP in this group, since the individuals showed the disease earlier and they had higher blood pressure levels when compared to white-skinned people, and because we trust in the specificity of beliefs related to this group, having in mind the historical conditions of the slave colonial system[11].

Part I of the data collection instrument consisted of closed questions about sociodemographic data (gender, age, marital status, education level, income, and labor activity) and Part II consisted of "Beliefs Scale" about barriers and benefits related to stress. This scale was validated on a PhD thesis and presented valid and reliable psychometric properties. We obtained authorization to use it in this study[9]. The survey of health beliefs on stress was preceded by the following questions: "What is your opinion about avoiding concerns?"; "What is your opinion about having some hours for relaxation and fun?"; "What is your opinion about having some time for rest, tranquility, relaxation, and meditation". In each of these three health behaviors related to stress, the items (sentences) on perceived benefits were interspersed with items on perceived barriers. The scale is presented in the Likert format, with 5 response levels, ranging from TD (totally disagree = 1), D (disagree = 2), U (uncertain = 3), A (agree = 4) to TA (totally agree = 5).

Participants were randomly chosen, while waiting for a blood pressure check or consultation by the multidisciplinary team. Those who arrived first were approached and, if they identified themselves as black and had a diagnosis of HBP for at least six months, confirmed by the registration card at the health center, they were invited to participate in the study, with explanation of the study goals. In case of compliance, the person was led to a private room and, after reading, explanation, and signing of the Free and Informed Consent Term, the interview was conducted and recorded. At the end, the respondent was thanked for her/his contribution. The study was approved by the Research Ethics Committee of the State Health Council of Bahia, under the Opinion 19/2006.

The data obtained through interviews were subsequently typed in the data collection instrument aiming at a better interaction between researcher and participants, as well as ensuring the reliability of answers. The typing of data the instrument was made by two

researchers and the records were compared, showing no discrepancies. Then, data was coded, typed, and processed in the software *SPSS for Windows*, version 12.0.

Characterization data from the sample were analyzed in percentage. For analyzing the percentage of beliefs about barriers and benefits related to stress for controlling HBP, we resorted to the construction of the indicator about beliefs, as follows: a) for each study participant, we created an arithmetical average for barriers, using the items (sentences) corresponding to benefits; b) we established the difference between the arithmetic average of barrier and the arithmetic average of benefit for each research participant, constructed as described in "a"; c) the results of the difference between the averages of each participant, constructed as described in "b", were classified into three categories: beliefs about benefits = value of the difference of arithmetic averages below zero; beliefs about barriers = value of the difference of arithmetic averages greater than zero; uncertain with regard to the perception of beliefs about barriers; and beliefs about benefits = value of the difference of arithmetic averages equal to zero. Later, for bivariate analyses, we found an association of the sociodemographic factor to the indicator belief, using the prevalence ratio (PR) and the confidence interval of 95%. PR values above 1 represent a higher perception of benefits and those lower than 1 represent a lower perception of benefits. All statistical tests were checked at a 5% significance level.

RESULTS AND DISCUSSION

Among the 106 study participants, 73.6% were women; the average age was 54 years; 49% of younger participants were at the age groups < 45 years (24.5%) and 45-54 years (24.5%), and, among older individuals, i.e. ≥ 54 years, 51,0% were aged 54-63 years (26.5%), 16% were aged 63-69 years, and 8.5% were aged ≥ 70 years. There was a predominance of low education, with 63.2% of Primary School, as well as low family income, as 52.8% earned less than 1 minimum wage; most individuals (67.0%) had a professional activity, including housework, lived without a partner (61.3%), and were Catholics (69.8%).

Health beliefs about barriers and benefits for stress control

Table 1 presents 6 sentences related to health beliefs about benefits and 5 about barriers associated to avoid concerns. Participants partly and totally agreed with regard to the damage caused by concerns (BENSTRESS 1 and 2 – 100% each); (BENSTRESS 3 – 89.6%); (BENSTRESS 4 – 99%); (BENSTRESS 5 – 99.1%); and (BENSTRESS 6 – 95.3%) – something which denoted a higher perception of benefits by avoiding them.

Participants also partly and totally agreed that "it is difficult to live without concerns" (BARSTRESSS 1 – 100%) and that "financial problems do not let us live without concern" (BARSTRESS 2 – 100%). In the other sentences, the predominance with regard to the perception of barriers was 94.4% of "work does not let us live without concerns" (BARSTRESS 3), 96.2% of "the person who has a family cannot live without concerns" (BARSTRESS 4), and 99% of "it is difficult to live without concerns when we have many responsibilities" (Table 1). These results showed that, despite the benefits enjoyed by an individual able to avoid concerns, barriers are closely linked to the belief that concern is an inherent factor to the very human life condition, that is, as an active human being, who works and relates to other people, inserted in a social context often adverse to a dignified life. This way, avoiding concerns is a challenge to control health and prevent diseases, as it is influenced by the environment, the behavior of people, and the living conditions. Stress was pointed out as one of the most harmful factors to the life of participants, and it is difficult to be controlled.
Table 2 shows that the participants perceived health beliefs about benefits with regard to have some hours for leisure and fun, taking into account that this practice is useful to relax, relieve tensions, forget about concerns, and rest the mind (BENLEISURE 1 – 99.2%); understanding that leisure is good for physical and mental health (BENLEISURE 3 – 100%); that man needs leisure, it is part of life

(BENLEISURE 4 – 100%); that leisure helps to work better, quieter (BENLEISURE 5 – 99.1%); that fun gives joy to live (BENLEISURE 6 – 98.1%); and that leisure must be balanced with work (BENLEISURE 7 – 100%). Just for the sentence "only people who have some time can have leisure" (BENLEISURE 2), partly and totally disagree amounted to 38.7%, and these participants showed a smaller perception of benefit.

Table 1. Disagreement, uncertainty, and agreement of participants according to health beliefs about benefits and barriers associated to avoid concerns. Salvador, 2006.

Benefits and barriers associated to avoid concerns	**TD = 1**		**D = 2**		**U = 3**		**A = 4**		**TA = 5**	
Items	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
BENSTRESS 1 – Concerns undermining health	-	-	-	-	-	-	-	-	106	100
BENSTRESS 2 – Concerns cause anxiety, nervousness, stress	-	-	-	-	-	-	1	0.9	105	99.1
BENSTRESS 3 – Worrying does not solve the problem, it leads nowhere	4	3.8	5	4.7	2	1.9	9	8.5	86	81.1
BENSTRESS 4 – Concerns cause hypertension and can lead to heart attack	-	-	-	-	1	0.9	3	2.8	102	96.2
BENSTRESS 5 – Concerns cause physical and mental strain	-	-	-	-	1	0.9	4	3.8	101	95.3
BENSTRESS 6 – Concerns hinder the person's reasoning, concentration, and productivity	-	-	-	-	5	4.7	4	3.8	97	91.5
BARSTRESS 1 – it is difficult to live without concerns	-	-	-	-	-	-	3	2.8	103	97.2
BARSTRESS 2 – Financial problems do not let us live without concern	-	-	-	-	-	-	5	4.7	101	95.3
BARSTRESS 3 – Work does not let us live without concerns	4	3.8	1	0.9	1	0.9	4	3.8	96	90.6
BARSTRESS 4 – The person who has a family cannot live without concerns	2	1.9	-	-	2	1.9	7	6.6	95	89.6
BARSTRESS 5 – It is difficult to live without concerns when we have many responsibilities	1	0.9	-	-	-	-	5	4.7	100	94.3

TD = totally disagree; D = disagree; U = uncertain; A = agree; TA = totally agree.

Almost 2/3 of respondents partly and totally agreed that "we cannot have fun because things are too expensive" (BARLEISURE 1 – 65.1%), showing greater perceived barrier to have some hours for leisure and fun. Half of participants partly and totally agreed and half partly and totally disagreed that "only those who are healthy can have some fun or go out" (BARLEISURE 2). These data showed that participants appreciated the importance of this practice to forget about problems and improve quality of life, except that low socioeconomic status constitutes a barrier to action.

Table 2. Disagreement, uncertainty, and agreement of participants according to health beliefs about benefits and barriers associated to have some hours for leisure and fun. Salvador, 2006.

Benefits and barriers associated to have some hours for leisure and fun	**TD = 1**		**D = 2**		**U = 3**		**A = 4**		**TA = 5**	
Items	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
BENLEISURE 1 – Leisure is useful to relax, relieve tensions, forget about concerns, and rest the mind	-	-	-	-	1	0.9	2	1.9	103	97.3
BENLEISURE 2 – Only people who have some time can have leisure	32	30.2	9	8.5	-	-	18	17	47	44.3
BENLEISURE 3 – Leisure is good for physical and mental health	-	-	-	-	-	-	-	-	106	100
BENLEISURE 4 – Man needs leisure, it is part of life	-	-	-	-	-	-	3	2.8	103	97.2
BENLEISURE 5 – Leisure helps to work better, quieter	1	0.9	-	-	-	-	2	1.9	103	97.2
BENLEISURE 6 – Fun gives joy to live	-	-	-	-	2	1.9	2	1.9	102	96.2
BENLEISURE 7 – Leisure must be balanced with work. There is a time for everything	-	-	-	-	-	-	2	1.9	104	98.1
BARLEISURE 1 – We cannot have fun because things are too expensive	26	24.5	11	10.4	-	-	19	17.9	50	47.2
BARLEISURE 2 – Only those who are healthy can have some fun or go out	41	38.7	12	11.3	-	-	12	11.3	41	38.7

TD = totally disagree; D = disagree; U = uncertain; A = agree; TA = totally agree.

Table 3 presents 6 sentences related to health beliefs about benefits and 3 with regard to barriers associated to have some time for rest, tranquility, relaxation, and meditation. Most participants partly and totally agreed with regard to the benefits of rest to re-energize and recover the mind and body (BENRELAX 1 – 98.1%); to provide tranquility, mood, and well-being (BENRELAX 2 – 100%); to ease tensions and avoid stress (BENRELAX 3 – 99.1%); because rest or relaxation is good for health (BENRELAX 4 – 99.1%); because those who work should rest (BENRELAX 5 – 100%); and because those who have some time for rest live longer (BENRELAX 6 – 72.6%). Most participants partly and totally agreed that only people who have some time rest (BENRELAX 1 – 53.8%), that those who are not used to cannot rest (BENRELAX 2 – 83%); and that those who work a lot cannot relax (BENRELAX 3 – 68%), indicating a higher perception of barriers to this behavior.

The global analysis of health beliefs with regard to measures aimed at the prevention and control of stress showed a predominance of the category "health beliefs about benefits" (Table 4). However, 63.2% of participants were uncertain as for the importance of avoiding concern and 19.8% perceived health beliefs about barriers to this behavior.

Table 3. Disagreement, uncertainty, and agreement of participants according to health beliefs about benefits and barriers associated to have time for rest, tranquility, relaxation, and meditation. Salvador, 2006.

Benefits and barriers associated to have some time for rest, tranquility, relaxation, and meditation	**TD = 1**		**D = 2**		**U = 3**		**A = 4**		**TA = 5**	
Items	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
BENRELAX 1 – Rest is useful to re-energize and recover the mind and body	1	0.9	-	-	1	0.9	2	1.9	102	96.2
BENRELAX 2 – Rest provides tranquility, mood, and well-being	-	-	-	-	-	-	5	4.7	101	95.3
BENRELAX 3 – Rest is useful to relieve tensions and avoid stress	-	-	-	-	1	0.9	2	1.9	103	97.2
BENRELAX 4 – Rest or relaxation is good for health	1	0.9	-	-	-	-	-	-	105	99.1
BENRELAX 5 – Those who work should rest	-	-	-	-	-	-	-	-	106	100
BENRELAX 6 – Those who have some time for rest live longer	2	1.9	1	0.9	26	24.5	12	11.3	65	61.3
BARRELAX 1 – Only people who have some time rest	43	40.6	6	5.7	-	-	12	11.3	45	42.5
BARRELAX 2 – Those who are not used to cannot rest or relax	13	12.3	4	3.8	1	0.9	16	15.1	72	67.9
BARRELAX 3 – Those who work a lot cannot relax	22	20.8	11	10.4	1	0.9	13	12.3	59	55.7

TD = totally disagree; D = disagree; U = uncertain; A = agree; TA = totally agree.

Table 4. Measures aimed at the prevention and control of hypertension according to categories of beliefs about benefits and barriers with regard to stress. Salvador, 2006.

Three measures aimed at the prevention and control of stress	**Category: beliefs about benefits**		**Category: uncertain with regard to perceived beliefs about benefits and barriers**		**Category: beliefs about barriers**	
Measures	**N**	**%**	**N**	**%**	**N**	**%**
Having hours for leisure and fun	71	67.0	21	19.8	14	13.2
Having some time to rest, tranquility, relaxation, and meditation	69	65.1	25	23.6	12	11.3
Avoiding concern	18	17.0	67	63.2	21	19.8

The analysis of sociodemographic factors associated to the perceptions of health beliefs about benefits (category benefits), according to measures aimed at the prevention and control of

stress (Table 5) showed that men, when compared to women, perceived 39% more health beliefs about benefits to avoid concern (CI 95% – 0.58-3.36); 25% to have some hours for leisure and fun (CI 95% – 0.97-1.62); and 14% to relaxation (CI 95% – 0.85-1,52).

Regarding age, we found that people aged < 45 years, when compared to those aged ≥ 54 years, perceive 39% less benefits with regard to avoid concern (CI 95% – 0.19-1.96). However, it was observed that the group aged < 45 years, when compared to the group aged ≥ 54 years, perceived more benefits with regard to the behaviors have some hours for fun and leisure (CI 95% – 1.00-1.66) and relaxation (CI 95% – 0.96-1.65). Regarding education, people with Primary School, when compared to those with Higher Education, perceived 42% less benefits to avoid concern (CI 95% – 0.25-1.34); 16% less benefits to have some hours for fun and leisure (CI 95% – 0.65-1.09); and 29% less benefits with regard to relaxation (CI 95% – 0.55-0.93).

As for the marital status, people without a partner, when compared to those with a partner, 1% perceived less benefits to avoid concern (CI 95% – 0.42-2.35); 3% less benefit to have some hours for leisure and fun (CI 95% – 0.74-1.27); and 2% less benefits to relaxation (CI 95% – 0.74-1.30).

People with a monthly family income less than 1 minimum wage, when compared to those with incomes greater than 3 minimum wages, perceived 29% less benefits to avoid concern (CI 95% – 0.31-1.67); 13% less benefit to have some hours for leisure and fun (CI 95% – 0.66-1.13); and 13% less benefit to relaxation (CI 95% – 0.66-1.14).

There is a tendency to lower perception of health beliefs about benefits to fight stress in the group of women, with lower education level and income and without a partner. However, there were a statistically significant relationship only for the variables low education level and relaxation.

Table 5 – Sociodemographic factors associated to the category beliefs about benefits with regard to stress management. Salvador, 2006.

Measures aimed at the prevention and control of stress												
Variables	**Avoid concern**				**Having hours for leisure and fun**				**Relaxation**			
	N	**%**	**PR**	**CI 95%**	**N**	**%**	**PR**	**CI 95%**	**N**	**%**	**PR**	**CI 95%**
Sex												
Men	28	21.4	1.39	(0.58, 3.36)	28	78.6	1.25	(0.97, 1.62)	28	71.4	1.14	(0.85, 1.52)
Women	78	15.4			78	62.8			78	62.8		
Age (years)												
< 45	26	11.5	0.61	(0.19, 1.96)	26	80.8	1.29	(1.00, 1.66)	26	76.9	1.26	(0.96, 1.65)
45|-54	26	23.1	1.54	(0.64, 3.69)	26	80.8	1.29	(1.00, 1.66)	26	61.5	0.92	(0.66, 1.30)
≥ 54	54	16.7			54	53.7			54	61.1		
Marital status												
With no partner	65	16.9	0.99	(0.42, 2.35)	65	66.2	0.97	(0.74, 1.27)	65	64.6	0.98	(0.74, 1.30)
With partner	41	17.1			41	68.3			41	65.9		
Education level												
Primary School	67	13.4	0.58	(0.25, 1.34)	67	62.7	0.84	(0.65, 1.09)	67	56.7	0.71	(0.55, 0.93)*
High School	32	25	1.85	(0.80, 4.25)	32	71.9	1.1	(0.84, 1.46)	32	78.1	1.31	(1.01, 1.71)
Higher Education	7	14.3			7	85.7			7	85.7		
Income												
< 1 m.w.	56	14.3	0.71	(0.31, 1.67)	56	62.5	0.87	(0.66, 1.13)	56	60.7	0.87	(0.66, 1.14)
1-3 m.w.	33	12.1	0.63	(0.22, 1.77)	33	69.7	1.06	(0.80, 1.40)	33	60.6	0.90	(0.66, 1.24)
> 3 m.w.	17	35.3			17	76.5			17	88.2		

PR = prevalence ratio. CI = confidence interval. *p < 0.05.

The global analysis of 3 measures aimed at the prevention and control of stress showed the predominance of the category health beliefs about benefits to have some hours for leisure/fun and relaxation. For the measure avoid concern the uncertain category was prevalent.

The participants agreed with regard to personal damage caused by concerns, something

which denotes greater perception of benefits by avoiding them. However, they believed that it was hard to keep them away from everyday life, since they are inherent to financial problems, work, family, and the responsibilities taken, showing greater perception of barriers to fight them. It seems difficult that a person wants to get away, avoid, or conceal what might be regarded as intrinsic to life itself[12], especially when we are fighting to survive under life conditions involving poverty, something which was a feature of the sample. In contemporary society, there are goals to achieve and obligations to fulfill, with numerous demands related to career, job, family, health, with no lack of reasons for the existence of concerns. We live experiencing annoyances, family quarrels, professional commitments, financial constraints, tight deadlines for completion of tasks, besides the activities which we cannot accomplish. As it is not always possible to get rid of stressful events, there is a need to learn coping with the internal and/or external demands which put pressure, overload, or exceed the capabilities of the individual, and which are perceived as threatening or oppressive[13].

This way, an issue that needs to be put into debate involves the ways how to deal with threatening situations, avoiding that stress becomes excessive and compromise health. They may be identified and worked on by the health team along with the clientele, something which implies a dialogic relationship between health professionals and users of health services, that is, a genuine interest in hearing and being heard[14]. Therefore, there is a need for people to find a different way of thinking of a certain stressful situation, evaluate the role played in face of it, and identify the causes attributed to explain the undesirable outcome[13].

Most participants believed in the benefits of leisure and that there was a need to have some time to be able to enjoy it. Having leisure is among the dreams cherished by human beings, being free from the world of endless obligations, in order to seek what they want and invest their time in a voluntary and pleasurable way. In health practices, there is a need to resume along with the subjects the activities to which they can willingly dedicate themselves, either to rest, have fun, be entertained, or even to develop their information or training on a non-purposeful basis, as well as their voluntary social participation or their free creative capacity, after getting rid of professional, family, or social obligations. Some barriers were perceived to have hours for leisure and fun, such as the cost inherent to these activities, identified for 65.1% of participants, and the poor health conditions, identified for 51.8%. Economic constraints end up allowing only people enjoying better financial conditions have access to certain leisure options, such as cinemas, theaters, concerts, etc.

This way, there is a need to implement public policies which encourage the pursuit of cultural democratization, aiming at a better social welfare. Moreover, we may identify and suggest to the clientele alternatives for fun and socialization, such as games, outdoor activities, in squares, clubs, bike paths, and other environments, at the free time available. It is also important to reflect with the clientele on the importance of making less sedentary choices for leisure practices, since the physical activity combined to leisure can contribute to control HBP[15].

Most participants also believed in the benefits of time for rest, tranquility, relaxation, and meditation to avoid stress. It is important to reflect along with the clientele on what it can do to improve quality of life, either enjoying some free time to rest and/or performing relaxation and meditation activities. It is known that relaxation can help in stress and muscle tension conditions, constituting a invigorating practice, capable of providing peace and well-being. Relaxation can be obtained by means of low-cost techniques, such as deep breathing, progressive muscle relaxation, physical activity, and it can be experienced through music, meditation, etc. The daily practice of meditation improves mental ability and vigor, and, especially, it can make a person more aware of her/his own life. Each person has her/his own way of practicing meditation; some people are inclined to the spiritual universe, others to health or well-being.

There is a need to reflect along with the users of health services about what constitutes a barrier for rest and relaxation. In this study, most participants agreed that only those who have time, are used to, and does not work a lot can

rest. However, it is also true that each person is the set of options she/he makes throughout life, and, therefore, even in the most adverse conditions it is needed to focus on something that helps coping with stressful situations.

The analysis of associations between sociodemographic factors and indicators of health beliefs about stress showed a tendency to lower perception of health beliefs about benefits to fight stress in the group of women, people with lower education and income, and those with no partner. However, there was a statistically significant relationship only in the association between low education and relaxation. Another study pointed out that socioeconomic differences contribute to the emergence of various stress factors[16].

An aspect which can inhibit the practice of leisure is sex. Currently, men have more entertainment options, when compared to women. It ranges from a mere a football match to being at a bar table with friends. In turn, women remain disadvantaged due to their double workday and marital obligations[17]. The age group can also be an aspect compromising leisure, since the elderly people are forgotten from the social point of view[17]. Concerning the low education level, in Salvador, it was found out the highest percentage of sedentary lifestyle regarding leisure among illiterate people, both for men and women. For sex and education, the highest percentage of sedentary lifestyle was observed among women and among the group of illiterate people until the 4th grade of Primary School[18].

It may not be denied that low education level and income can be associated to beliefs of less benefit for stress control, taking into account that it is attributed to people from this social group performing their own household chores (second workday); the hours spent to arrive at work and go back home are significant, many people leave home at dawn and arrive back home between 9 and 10 at night, besides, they work 6 days a week. In the discourse about what they do at leisure or free time, we have: "tiredness leave nothing else" than sleeping or watching TV[18]. This panorama reveals the big difficulty of this group to have access to leisure, relaxation, and avoid concern when the daily life struggle just allows them to survive. Therefore, measures aimed at the prevention and control of stress involve better life conditions in society.

Controlling HBP and its complications implies behavioral changes, something which requires efforts from the health care team in the psychosocial approach to hypertensive people. There is a need to take into account that these people have expectations, knowledge, beliefs, and experiences which should be appreciated by health educators[19], so that they play the role of encouraging them to take responsibility to protect their own health, to help them to find, according to their possibilities, healthy habits and lifestyles.

FINAL CONSIDERATIONS

The global analysis of health beliefs of hypertensive black people about barriers and benefits for stress control showed that the participants were uncertain with regard to avoid concern and they perceived more benefits to have hours for leisure and fun and some time for rest, tranquility, relaxation, and meditation. Regarding the sociodemographic factors associated to the three categories of beliefs about benefits, there was less perception of benefits among women, people with no partner, with education level up to Primary Education, and income lower than 1 minimum wage. Younger people perceived more benefits for the categories having hours for leisure and fun and relaxation. There was a statistically significant relationship only in the association between low education level and relaxation. The study contributed to identify indicators which interfere with adherence to treatment of HBP and for reflection and implementation of new ways of caring for hypertensive black people, aiming to avoid the complications caused by the disease. It is worth highlighting the importance of further studies with other racial groups, in order to compare the outcomes obtained in this research with regard to health beliefs about stress. Furthermore, it is noteworthy that the sample size may have interfered with the study power..

CRENÇAS EM SAÚDE DE PESSOAS NEGRAS HIPERTENSAS SOBRE O ESTRESSE

RESUMO

Este é um estudo descritivo e exploratório que objetivou descrever as crenças em saúde de pessoas negras hipertensas sobre o controle do estresse e levantar os fatores sociodemográficos envolvidos. Um instrumento específico foi utilizado para entrevistar os 106 participantes, todos adultos, negros e hipertensos. Os dados foram analisados em percentuais, frequência de casos, escores e razão de prevalência. A análise global possibilitou evidenciar que os participantes mostraram-se indecisos quanto a evitar preocupação e perceberam mais benefícios quanto a ter horas de lazer e diversão e ter um tempo para o descanso, sossego, relaxamento e meditação. Mulheres e pessoas mais jovens, sem companheiro e com baixa renda e escolaridade perceberam menos crenças sobre os benefícios do controle do estresse. O estudo identificou indicadores que interferem no controle do estresse e aponta a necessidade de reflexão e implementação de novas formas de atenção a pessoas negras hipertensas.

Palavras-chave: Enfermagem. Hipertensão. Prevenção. Controle.

CREENCIAS EN SALUD DE PERSONAS NEGRAS HIPERTENSAS SOBRE EL ESTRÉS

RESUMEN

Este es un estudio descriptivo y exploratorio que tuvo el objetivo de describir las creencias en salud de personas negras hipertensas sobre el control del estrés y obtener los factores socio-demográficos involucrados. Un instrumento específico fue utilizado para entrevistar a los 106 participantes, todos adultos, negros e hipertensos. Los datos fueron analizados en porcentajes, frecuencia de casos, puntuaciones y razón de prevalencia. El análisis global posibilitó evidenciar que los participantes se mostraron indecisos con relación a evitar preocupación y percibieron más beneficios con relación a tener horas de ocio y diversión y tener un tiempo para el descanso, el sosiego, el relajamiento y la meditación. Mujeres y personas más jóvenes, sin compañero y con baja renta y escolaridad percibieron menos creencias sobre los beneficios del control del estrés. El estudio identificó indicadores que interfieren en el control del estrés y señala la necesidad de reflexión e implementación de nuevas formas de atención a personas negras hipertensas.

Palabras clave: Enfermería. Hipertensión. Prevención. Control.

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Corresponding author: Cláudia Geovana da Silva Pires. Campus Universitário do Canela. Av. Dr. Augusto Viana, S/N, CEP 40110-060. Canela. Salvador Bahia.

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