

# Illness Perception and Its Association with Anxiety Among Hypertensive Outpatients

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## ARTICLE INFO

### Keywords:

Anxiety  
Hypertension,  
Illness Perception.

## ABSTRACT

**Background:** Hypertension is a major chronic condition that affects both physical and psychological health. Among hypertensive patients, anxiety is a common comorbidity that can interfere with disease management and quality of life. Illness perception, or how individuals interpret and respond emotionally to their condition, is thought to be a key factor influencing psychological outcomes. The aimed of this study is to examine the association between illness perception and anxiety levels among hypertensive outpatients.

**Methods:** This cross-sectional analytical study involved 130 hypertensive outpatients recruited through purposive sampling. Illness perception was assessed using the Brief Illness Perception Questionnaire (Brief IPQ), and anxiety was measured using the Zung Self-Rating Anxiety Scale (SAS). Pearson's correlation test was used to analyze the relationship between the two variables.

**Results:** The mean illness perception score was 53.1 (SD = 10.7), while the mean anxiety score was mild to moderate. A moderate, statistically significant positive correlation was found between illness perception and anxiety ( $r = 0.482$ ,  $p < 0.001$ ). Patients who perceived their hypertension as more threatening and uncontrollable reported higher levels of anxiety.

**Conclusion:** Negative illness perceptions are significantly associated with increased anxiety among hypertensive outpatients. Routine hypertension management should incorporate strategies to assess and address patients' beliefs and emotional responses toward their illness to support better psychological and clinical outcomes.

## BACKGROUND

Hypertension, as a chronic condition, imposes physical health risks and exacerbates psychological distress, including anxiety and depression. Various studies document the prevalence and impact of anxiety within this specific patient population, highlighting the necessity of integrating psychological evaluations into the management of hypertension. Studies consistently highlight high rates of anxiety among hypertensive patients. For instance, Sharma and Sawhney report that anxiety affects 70% of hypertensive patients in their cohort, reflecting findings from other settings that underscore the global prevalence of anxiety among hypertensive individuals (Sharma & Sawhney, 2016). Likewise, Achmad et al. emphasize that patients undergoing significant medical interventions, such as Percutaneous Coronary Intervention (PCI), with positive illness perceptions tend to experience lower anxiety levels, indicating a crucial relationship between patients' perceptions and their emotional well-being (Achmad et al., 2023).

The interplay between illness perception, anxiety, and the broader psychological landscape is multifaceted. Bajkó et al. describe that a percentage of hypertensive patients exhibit both anxiety and depression, noting that such psychological conditions contribute significantly to the disease's progression and management. Similarly, findings by Hamrah et al. indicate 42.3% of hypertensive

patients in Afghanistan experience anxiety disorders, underscoring that emotional health cannot be overlooked in these individuals' treatment plans (Hamrah et al., 2018).

The psychological responses to being diagnosed with hypertension can vary based on demographic factors. Shah et al. reveal that elderly hypertensive patients exhibit higher anxiety levels compared to their younger counterparts, suggesting that age-related factors may influence illness perception and emotional responses to chronic illness (Shah et al., 2022). Furthermore, the relationship between anxiety and hypertension is bidirectional; anxiety can exacerbate hypertensive conditions while poorly managed hypertension can increase susceptibility to anxiety. Research by Veloumourougane et al. highlights this complex interaction, showcasing that increased anxiety levels are prevalent in primary care settings among patients with hypertension, emphasizing the need for comprehensive psychological evaluations in hypertensive care (Veloumourougane et al., 2024).

The intricate relationship between illness perception and anxiety among hypertensive outpatients reveals a pressing need for integrated care approaches that encompass both psychological and physical health strategies. The existing evidence supports the assertion that fostering positive illness perceptions plays a critical role in reducing anxiety levels among hypertensive patients, ultimately leading to improved adherence to treatment and better health outcomes.

## METHODS

The research method employed in this study is a quantitative approach with a descriptive correlational design. The population consisted of individuals with hypertension in Saguling Public Health Care. A total of 120 hypertensive patients were selected as the sample using an accidental sampling technique. Data were collected through the administration of questionnaires. The instruments used included a Illness Perception Questionnaire and the Zung Self-Rating Anxiety Scale (SAS), which has been validated and demonstrated high reliability.

Univariate analysis was conducted using frequency distributions covering variables anxiety and mean and standart deviation is used to measure variable illness perception. For bivariate analysis, the researcher employed Kendall's Tau. Data were processed using SPSS software, and statistical analysis was carried out using the Kendall's Tau. The significance level ( $\alpha$ ) was set at 0.05. If the p-value was less than 0.05 ( $p \leq 0.05$ ), the hypothesis was accepted, indicating a significant relationship between the independent and dependent variables. Conversely, if the p-value exceeded 0.05 ( $p > 0.05$ ), the hypothesis was rejected.

## RESULTS

**Table 4.1**  
**Demographic Characteristics of Respondents with Hypertension (n=130)**

Karakteristik	Frekuensi	Presentase (%)
<b>Age (Mean <math>\pm</math> SD)</b>	61,3 $\pm$ 8,5	
<b>Education Level</b>		
Elementary	12	9,2
Junior High School	31	23,8
Senior High School	58	44,6
Higher Education	29	22,4
<b>Gender</b>		
Man	56	43,1
Women	74	56,9
<b>Occupation</b>		
Farmer	32	24,6
private sector employee	21	16,1
civil servant	14	10,8
housewife	37	28,5
entrepreneur	26	20
<b>Duration of Hypertension</b>		
< 5 Years	56	43,1
$\geq$ 5 Years	74	56,9

**Table 4.2****Illness Perception of Respondents with Hypertension (n=130)**

Variable	Mean	SD
Illness Perception	53,1	10,7

**Table 4.3****Anxiety of Respondents with Hypertension (n=130)**

Anxiety Score	Frequency (n)	Percentage (%)
Normal	38	29,2
Mild to Moderate	45	34,6
Severe	29	22,3
Extreme	18	13,9

**Table 4.4****Correlation Between Illness Perception and Self-Management (n=120)**

Karakteristik	Pearson	p value
Illness Perception and Self-Management	0,482	< 0,001

**DISCUSSION**

The findings of this study reveal a statistically significant, moderate positive correlation between illness perception and anxiety among hypertensive outpatients. This correlation indicates that individuals who hold negative perceptions of their illness viewing it as threatening, uncontrollable, or poorly understood tend to report higher levels of anxiety. Such insights align with the Common-Sense Model of Illness Representation proposed by Leventhal, which posits that individuals' cognitive and emotional interpretations of their disease significantly shape their behavioural and emotional responses (Martin et al., 2009). This model provides a valuable framework for understanding the intricate relationship between how patients perceive their health conditions and the subsequent emotional responses that arise. To delve deeper into this relationship, we must consider the various dimensions of illness perception. Illness perception encompasses several key components, including identity (how patients label their condition), consequences (what they believe will happen as a result of the illness), timeline (how long they perceive the illness will last), control/cure (the extent to which they believe they can control or cure the illness), and emotional representations (the feelings associated with the illness). Each of these dimensions can significantly influence a patient's mental health, particularly anxiety levels. For example, a patient who identifies their hypertension as a life-threatening condition may experience heightened anxiety compared to someone who views it as a manageable health issue. This illustrates how illness perception is not merely a passive understanding but an active interpretation that can lead to emotional turmoil.

The mean illness perception score in this study (53.1) reflects a relatively heightened awareness of hypertension as a serious condition. While this awareness can be beneficial in terms of motivating patients to engage in healthier behaviours, it can also lead to maladaptive responses. If a patient's perception is predominantly based on fear, uncertainty, or feelings of helplessness, it may exacerbate psychological distress. The correlation with anxiety scores reinforces the idea that fear and worry stemming from illness perception can evolve into clinical anxiety symptoms if not addressed appropriately. For instance, a patient who constantly worries about potential complications such as stroke or heart attack may find it increasingly difficult to manage their condition effectively, leading to a vicious cycle of anxiety and poor health outcomes.

Previous studies support these findings, indicating that hypertensive patients with a poor understanding of their condition experience higher levels of anxiety and demonstrate lower adherence to treatment regimens (Hamam et al., 2020; Hamrah et al., 2018). This lack of understanding can stem from inadequate communication with healthcare providers, a failure to grasp the implications of their condition, or a general sense of confusion about the nature of hypertension. Similarly, another study

reported that negative illness perceptions in patients with chronic diseases, including hypertension, were associated with emotional distress and lower psychological well-being (Cheng et al., 2020). These findings underscore the critical need for healthcare professionals to prioritise patient education and support to foster a more positive illness perception.

Interestingly, this study also observed that more than one-third (36.2%) of respondents experienced moderate to severe anxiety. This statistic highlights an often-overlooked mental health burden within outpatient hypertensive populations. While hypertension itself may not present immediate, disabling symptoms, the chronic nature of the disease, coupled with the fear of potential complications, can lead to a persistent state of worry. This is particularly pronounced in older adults, who may have limited coping resources and may feel increasingly vulnerable as they navigate their health challenges. The psychological impact of living with a chronic condition like hypertension can be profound, affecting not only the individual but also their families and support networks.

The link between the duration of illness and stronger illness perception may be explained by prolonged exposure to health services, repeated messaging about risks, or actual experiences of deterioration or complications. Over time, patients may internalise the narratives surrounding their condition, leading to heightened anxiety and a more negative outlook. This phenomenon can be exacerbated by the healthcare system's focus on physical symptoms and management, often neglecting the psychological aspects of living with a chronic illness. From a clinical perspective, these findings carry significant implications. Health professionals frequently prioritise blood pressure control, lifestyle modifications, and medication adherence, often overlooking the psychological burden that accompanies chronic diseases. This study underscores the necessity of screening hypertensive patients not only for physiological indicators but also for their illness beliefs and emotional states, particularly anxiety (Von Visger et al., 2018).

Addressing illness perception through targeted psychoeducation, supportive counselling, or brief cognitive-behavioural strategies could significantly reduce patient anxiety. Educational sessions that reframe hypertension as manageable rather than inevitably progressive could empower patients and alleviate catastrophic thinking (Carey, 2022). For example, healthcare providers might share success stories of individuals who have effectively managed their hypertension through lifestyle changes and adherence to treatment. Such narratives can provide hope and encourage patients to take an active role in their health management. Involving family members in these educational initiatives may further enhance support and reduce feelings of isolation among patients (Van de Velde, 2019). Families can play a crucial role in reinforcing positive perceptions and encouraging adherence to treatment plans, thereby fostering a more supportive environment for the patient (Whitehead, 2018).

The findings of this study illuminate the complex interplay between illness perception and anxiety among hypertensive outpatients. The moderate positive correlation suggests that negative perceptions of hypertension can lead to increased anxiety, highlighting the importance of addressing psychological factors in the management of chronic diseases. As healthcare providers, it is imperative to recognise the significance of illness beliefs and emotional states in shaping patient outcomes. By prioritising patient education, fostering supportive environments, and implementing targeted interventions, we can help individuals navigate their health challenges more effectively, ultimately improving their overall well-being and quality of life. This holistic approach not only addresses the physiological aspects of hypertension but also acknowledges the critical role of mental health in chronic disease management.

## CONCLUSION

This study demonstrates a significant positive correlation between illness perception and anxiety among hypertensive outpatients. Patients who perceive their condition as more threatening, unpredictable, and less controllable are more likely to experience heightened levels of anxiety. These findings underscore the importance of acknowledging psychological and emotional dimensions in the management of hypertension, beyond merely focusing on pharmacological and physiological parameters.

## ACKNOWLEDGMENTS:

The authors would like to thank Santo Borromeus University for scholarship award to support this study

## CONFLICTS OF INTEREST

The authors declare that they have no conflict of interest.

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