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Care of Hypertensive Client Utilizing the Modeling and Role-Modeling Theory

Dr. Wafia S. Sajili[1]

[1]Western Mindanao State University, Zamboanga City, Philippines

ORCiD ID: [1]https://orcid.org/0009-0004-3530-6066

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Abstract: Through the utilization of the Modeling and role-Modeling Theory, this clinical study was developed to monitor the four domains of client's care namely, self-care knowledge, self-care resources and health care actions, affiliated-individuation and adaptive potential to answer her hypertension problem. Nursing Care Plans and a Health Teaching Plan were formulated and implemented to the patient for ten (10) consecutive days. In the implementation phase, the progress of client's adaptive response after each intervention were documented, counterchecked by the Public Health Midwife of the community for authenticity and reliability, and then evaluated using the evaluative scale as follows: 0-1.0 score as low; 1.1-2.0 as below average; 2.1-3.0 as average; and 3.1-4.0 as high. Utilizing the Assessment Tool based on Erickson's Modeling and Role Modeling Theory and the statistical mean. The findings were: In the initial assessment, the client obtained a mean score of 1.89 that showed a below average level of Adaptation. Based from the identified priority problems in the initial assessment, nursing interventions were formulated. After the implementation of the nursing interventions, the client obtained a mean score of 3.47 in the Final Assessment that showed a High Level of Adaptation A mean difference of 1.58 was obtained by the client that indicates an improvement in the level of response to the intervention from below average to high. Based on these findings, the study recommended for the use of Helen Erickson's Modeling and Role-Modeling Theory in the nursing process particularly in the care of clients with hypertension is effective in increasing the level of Adaptation, hence, effectively managing the hypertension. This study is useful to nurses as it guides them in the care of clients with hypertension using the individualized assessment tool of Helen Erickson's Modeling and Role Modeling Theory.

Keywords: *Hypertension, Self-Care, Assessment, Nursing, Intervention.*

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I. INTRODUCTION

Hypertension, commonly referred to as "high blood pressure is a medical condition in which the blood pressure is chronically elevated. It is one of the common diseases affecting human throughout the world. Persistent hypertension is the one of the risk factors for strokes, heart attack and chronic renal failure.

As of 2003, the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of Hypertension has defined blood pressure of 120/80 mmHg to 139/89mmHg as "pre-hypertension". Pre-hypertension is not a disease category; rather, it is a designation chosen to identify individuals at high risk of developing hypertension. Mayo Clinic website specifies normal blood pressure as below 120/80 mmHg but some data indicates that 115/75 mmHg should be the gold standard.

Hypertension continues to be the leading public health issue worldwide, and is one of the leading diseases in the Philippines. Despite the availability of medical and learning resources, many individuals still struggle with effective hypertension management. It was primarily caused by poor adherence to medication, insufficient time, inadequate support systems, and poor lifestyle habits.

The Department of Health has identified hypertension as an important disease that needs to be immediately addressed. As Filipino embrace western diet that is rich in fats and cholesterol, and perform less physical activities, more and more are being diagnosed with this potentially killer disease. Approximately 17.4% of Filipinos above 20 years of age have high blood pressure. Recent data have shown that 70% of adults with hypertension are aware of it, 59% receive treatment. Controlling hypertension would require billion of pesos in health care costs. However, more than relying on antihypertensive drug alone, adopting a

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healthier lifestyle is essential in the management of hypertension.

The May Measurement Month screening campaign showed that the prevalence of hypertension in the Philippines remains high, yet the awareness and control rate remain poor among working adults (Mina et al., 2024). Many hypertensive Filipinos often experience difficulties in adhering to medication properly. It was mainly caused by limited access to healthcare, low awareness, and financial constraints (Gutierrez & Sakulbumrungsil, 2021). These findings highlighted the ongoing challenge of promoting effective hypertension management, even among educated and health-literate populations.

- *Statement of the Problem*

How can a client with Hypertension be assisted to attain an increased level of adaptation utilizing Erickson's Modeling and Role - Modeling Theory?

II. THEORETICAL AND CONCEPTUAL FRAMEWORK

The Modeling and Role Modeling Theory was developed by Helen Erickson, Evelyn M. Tomlin, and Mary Anne P. Swain. It was first published in 1983. This theory is based on the philosophy that all humans have the desire to live healthy, happy lives, to find meaning and purpose in their lives, and to become the most that they can be. This holds true across the lifespan. When nurses use strategies that focus on the strengths of clients, help them become more fully alive (even as they approach physical death), and to live their lives to the fullest, then nurses are truly helping them grow, heal, and transcend.

Modeling and role-Modeling Theory is an interpersonal and interactive theory on nursing that requires the nurse to assess (Model), plan (Role-model) and intervene (five aims of intervention) on the basis of the client's perspective of the world. The nurse always acknowledges the uniqueness and individuality of the client and appreciates that the individuals, at some level know what makes them ill and what make them well (selfcare knowledge). Two important concepts important in this theory are Affiliated Individuation, and Adaptive Potential.

Modeling is the process used by the nurse to develop an understanding of the client's world as the client perceives it. The way an individual perceives life and all its aspects and components; the way an individual thinks, communicates, feels, believes, and behaves; and the underlying motivation and rationale for beliefs and behaviors - all these comprise the individual model of the world.

Role-modeling is the facilitation of health. It is also an art and a science. The art of role-modeling involves the individuation of care based on the client's model of the world.

The theory is based on the philosophical beliefs and assumptions about people, environment, health and nursing. The adaptive potential assessment model is a model for identifying an individual's potential for mobilizing resources.

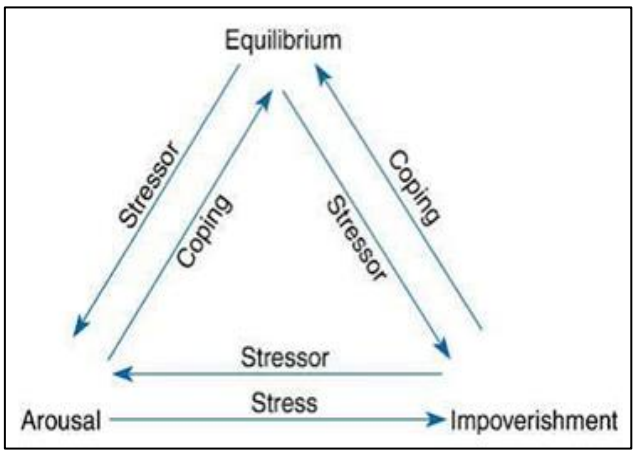

Fig 1 Theoretical Model of Modeling and Role-Modeling

Figure I. shows an illustration of the dynamic relationship among the state of the adaptive potential assessment model. Movement among the states are influenced by the individual ability to cope with the stressors and the ability to mobilize own resources.

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➢ *Conceptual Framework*

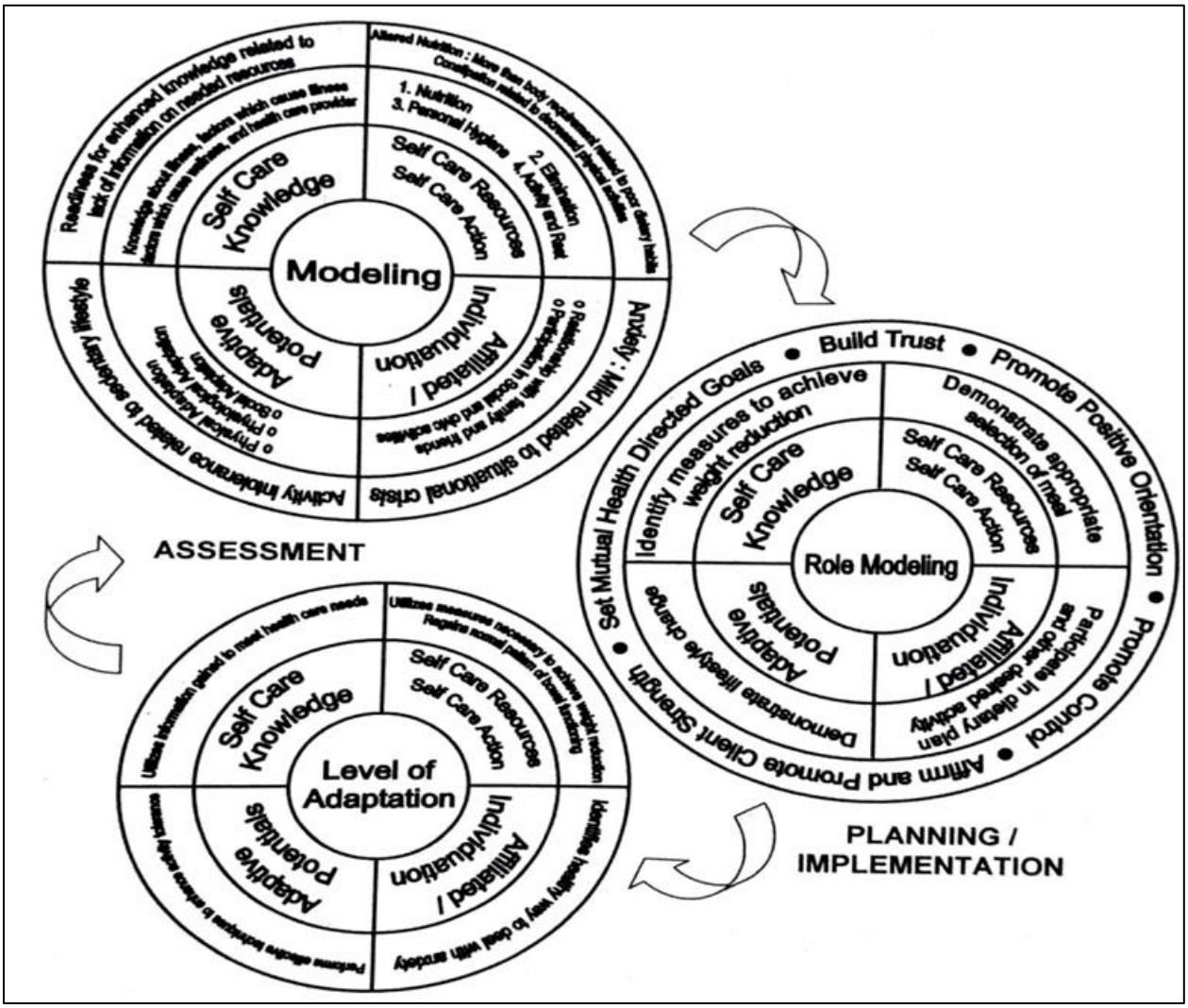

Fig 2 Nursing Process Flow Diagram

➢ *Evaluation*

Figure 2 shows the nursing process flow diagram which illustrated the flow of nursing actions integrated within the scope of Modeling and Role Modeling. Assessment phase is directed on the aspect of healthcare concept and adaptive potential assessment to meet human needs. In the planning phase, health problems were identified using Role Modeling. Nursing actions are guided by the five standard aims of intervention which aimed to create health directed goals, build trust, promote positive orientation, promote control of health, affirm and promote client strength. In the evaluation phase the effectiveness of the nursing care was determined by the client's level of adaptation.

- *Assumption:*

It is assumed that a clear and concise conceptual framework can guide a professional nurse to effectively assist a client with Hypertension to achieve as increased level of adaptation utilizing Erickson's Modeling Role Modeling Theory in the nursing process.

III. METHODOLOGY

A four-phase methodology design, consisting of Assessment, Planning, Implementation and Evaluation, was utilized in this research. The Public Health Midwife referred the client from a community setting after a permission letter was sent to the health center to allow selection of such client to be the subject of the study. A behavior contract was executed between the nurse and the client for ten (10) consecutive days starting November 17 to November 27, 2024 to manage client's hypertension.

During the assessment phase, a checklist was crafted and utilized to assess the client's response level based on the three (4) domains of Erickson's Modeling and Role modeling Theory. These domains consisted of Self-care Knowledge, Self-Care Resources and Health Care Actions, Affiliated-Individuation and Adaptive Potential. For Self-care Knowledge client was assessed regarding his knowledge about illness and factors which caused illness and wellness, as well as her resources with healthcare providers. It aims to assess the readiness of the client for

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enhanced knowledge. On the category of Self-care Resources and Self-care Action client was assessed on the aspect of nutrition, personal hygiene, elimination, and activity and rest. On the category of Affiliated Individuation, client was assessed regarding her relationship with her family and friends and her participation in social and civic activities. This aimed to assess situational crisis which may contribute to the present problem. Lastly, Adaptive Potential was assessed according to client's physical adaptation psychological adaptation and social adaptation.

For the Planning Phase, the initial results of the assessment of the four domains were computed and ranked to determine the priority problem areas. The mean was ranked from the least to the greatest to verify the areas which are deficit and need prioritization in the Nursing Care Plans and the Health Teaching Plan. In the planning phase, each interacting domains were guided by the five standard aims of intervention which are the health directed goals mutually-set by both the nurse and the client, build trust, promote positive orientation, promote control of health, affirm and promote client strength.

The Implementation phase was also based on the priority problem identified in the initial assessment of the client. Three nursing care plan were implemented which focused on altered nutrition: more than the body requirements, activity intolerance due to sedentary lifestyle, and, constipation due to insufficient physical activity. Nine nursing interventions were implemented with the objectives to identify measures to achieve weight reduction, demonstrate appropriate selection of meal, participate in dietary plan, and ultimately, demonstrate lifestyle change.

The Evaluation Phase was focused on the Level of Adaptation in each of the four domains. Under the Self-care Knowledge, the client was assessed in terms of her utilization of information gained from the nurse to meet her health care needs. For Self-care Resources and Care Action, the client was evaluated on how to use measures necessary to achieve weight reductions and regain normal pattern of vowel functioning. On the other hand, Affiliated Individualization was evaluated in terms of client's adaptation of healthy ways to deal with anxiety. Lastly, Adaptive Potentials was evaluated in terms of client's performance on effective technique to enhance activity tolerance.

➢ *Data Gathering Tools*

The study utilized a researcher made structured, self-administered survey questionnaire based on Modeling Role-Modeling Theory. The questionnaire was divided into two (2) major parts. Part I included the Demographic Profile of the client. Part II focused on the participants' Level of adaptation based on the four domains identified in the theory, namely: Self-care Knowledge, Self-Care Resources and Health Care Actions, Affiliated-Individuation and Adaptive Potential. A 4-point Likert scale, where responses were measured behavioral frequency scale of 1- Rarely (behavior observed once in a while), 2- Sometimes (behavior observed occasionally), 3-Often (behavior observed frequently) and, 4 – Always (behavior observed all the time).

➢ *Data Analysis Procedure*

To determine the client's Level of Adaptive potential during Initial and Final Assessment, the researcher weighted average mean was utilized throughout the data analysis. The mean was utilized and computed through the following formulas:

$$\text{Item Mean} = \frac{\text{Client's Score}}{\text{Number of Items}}$$

To determine or compute for the Overall Mean of the client's Level of Adaptive Response, the formula below was utilized:

$$\text{Overall Mean} = \frac{\text{Total Mean of Interacting Systems (Categories)}}{\text{Total Number of Interacting Systems (Categories)}}$$

To determine the comparative result of the Initial and Final Assessment of the client. Total Mean Score of the initial assessment is subtracted from the Total Mean Score of the final assessment. The resulting mean was interpreted and plotted on an evaluative scale for the client's Level of Adaptation as shown on Figure 2.

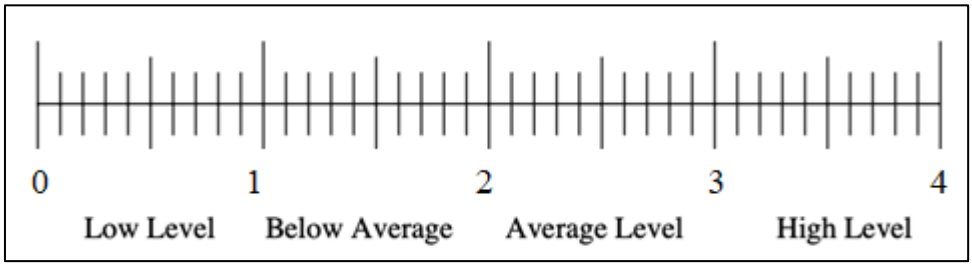

Fig 2 The Evaluative Scale of the Level of Adaptation

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IV. SUMMARY OF FINDINGS

➢ *Initial Assessment*

Table 1 The Initial Assessment of the Client's Level of Adaptation

Category	Number of items	Perfect Score	Client's Score	Mean Score	Interpretation	Rank
A. Self-Care Knowledge	3	12	6	2	Average	3
B. Self-Care Resources and Self-Care Action	10	44	18	1.63	Below Average	1
C. Affliate-lndividuation	2	8	5	2.5	Average	4
D. Adaptive Potential	13	52	24	1.85	Below Average	2
Total	28	116	53	1.89	**Below Average**	

Table 1 showed the data on the initial assessment of the client's level of adaptive response by category, namely: Self-Care Knowledge, Self-Care Resources and Self-Care Action, Affliate lndividuation and Adaptive Potential. Among the four categories, the client got the highest mean score of 2.5 (average) in the Affliate lndividuation, followed by Self-Care Knowledge where she got the mean score of 2 (average).While in Self-Care Resources and Self-Care Action, she obtained the lowest mean score of 1.63 (below average). On the other hand, Adaptive Potential scored the second lowest, 1.85 (below average) among the four category. These resulted in the overall mean score of 1.89 which meant that the client had a below average adaptive response level.

The client's overall mean score of 1.89 during the initial assessment which indicated a Below Average Level of Adaptation is further shown in the scale below:

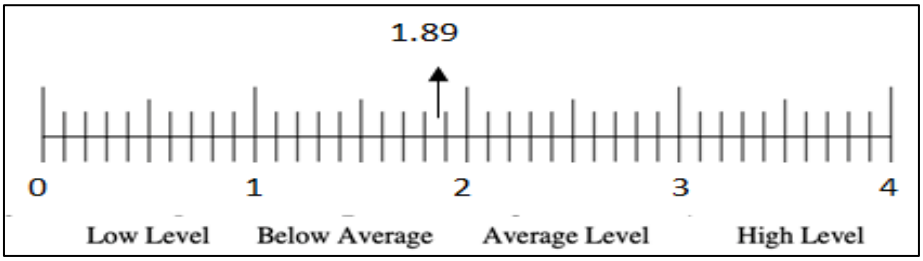

Fig 3 Evaluation Scale of the Initial Assessment of Client Level of Adaptation

Figure 3 showed the initial assessment of the client adaptation which is 1.89 describe below as average level of adaptation. This highlighted the need for targeted health education programs to address these knowledge gaps and improve hypertension awareness. Limited access to reliable health information comes with many challenges, faced by populations regarding healthcare quality and accessibility (Morka, 2025). Thisresults was also aligned with the findings of a study conducted, wherein limited health literacy and inadequate knowledge regarding hypertension are linked to minimal self-management capability and adherence to healthy lifestyle, which can affect long-term blood pressure control negatively (Lorete et al., 2025).

Table 2 The Final Assessment of the Client's Level of Adaptation

Category	Number of items	Perfect Score	Client's Score	Mean Score	Interpretation
A. Self-Care Knowledge	3	12	12	3	High Level
B. Self-Care Resources and Self-Care Action	10	44	34	3.09	High Level
C. Affliate-lndividuation	2	8	7	3.5	High Level
D. Adaptive Potential	13	52	43	3.31	High Level
Total	28	116	96	3.47	High Level

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Table 2 indicates that the client demonstrated a high level of self-care agency across all four domains assessed. The overall mean score of 3.47 out of a possible 4.00, suggests that the client possesses strong knowledge, skills, resources, and personal attributes necessary to perform effective self-care. The findings suggested that the client has developed self-care agency, characterized by adequate knowledge, effective use of available resources, healthy interpersonal functioning, and strong adaptive capabilities. These strengths were likely to support the client's ability to maintain health, prevent illness, and effectively manage existing health conditions. While all domains fall within the high-level category, continued health education and reinforcement of self-care practices may further enhance the client's capacity for independent and sustained self-management.

The client's overall mean score of 3.47 during the final assessment implied a high level of adaptation as shown in the scale below:

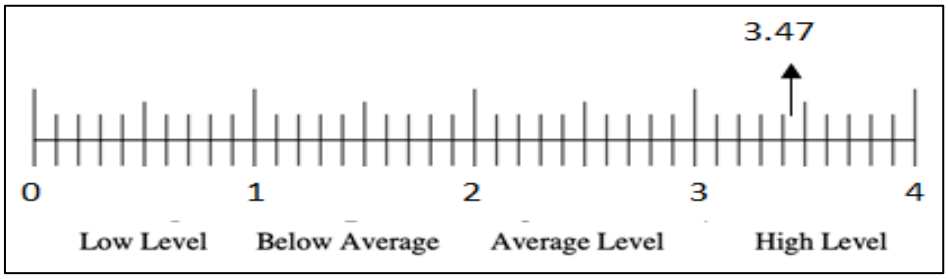

Fig 4 Evaluation Scale of the Initial Assessment of Client Level of Adaptation

Figure 4 showed the final assessment of the client adaptation which is 3.47 describe below as average level of adaptation after nursing intervention was implemented. This result id congruent with the study of Pragna, et. al. (2025) which showed that patients who comply with lifestyle modification such as diet, exercise, and behavioral changes are likely to achieve and maintain better blood pressure control outcomes, emphasizing how sustainable self-management practices are critically important in managing hypertension.

Table 3 The Comparative Result of the Initial and Final Assessment of the Client's Level of Adaptation

Category	Initial Score	Initial Mean	Final Score	Final Mean	Mean Difference
A. Self-Care Knowledge	6	2	12	3	1
B. Self-Care Resources and Self-Care Action	18	1.63	34	3.09	1.46
C. Affliate-Indivíduation	5	2.5	7	3.5	1
D. Adaptive Potential	24	1.85	43	3.31	1.46
Total	53	1.89	96	3.47	**1.58**

Table 3 shows the data at the level of adaptation where mean score is compared in the initial and final assessment of the client. The mean was computed to determine the mean difference of the client's adaptive response level in the final assessment from the initial assessment. The mean difference corresponds to the difference in the adaptive response level of the client. When the client's mean score (1.89) in the initial assessment was compared with his mean score (3.47) in the final assessment, the mean difference was 1.58. This meant that there was an increase in the client's level of adaptation ,that is, from below average level in the initial assessment to high level in the final assessment. The result further implied that the implemented nursing interventions were effective.

V. CONCLUSION

Utilizing Erikson's modeling and role modeling theory, as a guide in the nursing process, and a statistical means for the client's initiative level of adaptation revealed a mean score of 1.89 which is described as average level of adaptation. After the implementation of appropriate guided nursing interventions, based on the identified problem, the mean score was raised to 3.47, described as high level of adaptation. An increase of 1.58 in the final means core after the implementation of nursing intervention was noted.

In accord with the findings, Erickson's Modeling and Role Modeling Theory was found to be effective in assisting client with cardiovascular problem in increasing her ability

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to mobilize individual resources to cope with stressors. Through the nurse assessment (Model) of client's perception, an individual holistic nursing care (Role Model) and intervention (five aims of interventions) were developed which aided the client to recognize her potential ability to utilize available resources to cope with stressors based on the client's own perspective of her world and thereby empowering the client to direct her own care. The client external resources, such as knowledge about the proper diet, exercise, and appropriate lifestyle modification, were promoted through proper guidance, direction and health teaching that were aimed at self-care. Helen Erickson's Modeling Role Modeling Theory is highly recommended. It provides nurses with the language to describe the essence of holistic practice and empowers their clients to direct their own care.

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