

Title:

Self-Care Practices of Women With Heart Failure: A Mixed-Methods Study

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Session Title:

Health Promotion in Cardiovascular Care

Slot:

I 19: Monday, 30 October 2017: 3:45 PM-4:30 PM

Scheduled Time:

4:05 PM

Keywords:

Heart Failure, Self-Care and Women

References:

Riegel, B., Dickson, V. V., & Faulkner, K. M. (2015). The situation-specific theory of heart failure self-care: Revised and updated. *Journal of Cardiovascular Nursing*, 1-9.

Thomas, J. R., & Clark, A. M. (2011). Women with heart failure are at high psychosocial risk: A systematic review of how sex and gender influence heart failure self-care. *Cardiology Research & Practice*, 1-6.

Vellone, E., Pancani, L., Greco, A., Steca, P., Riegel, B. (2016). Self-care confidence may be more important than cognition to influence self-care behaviors in adults with heart failure: Testing a mediation model. *International Journal of Nursing Studies*, 60(2016), 191-199.

Abstract Summary:

The self-care practices of women with heart failure are integral to the successful management of the chronic illness. Identifying the positive and negative influences on a woman's self-care practices may help practitioners and providers to provide individualized care to these vulnerable individuals.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify facilitating and impeding factors that affect women with heart failure.	Both positive and negative influences on self-care are presented and how these factors affect the self-care performance of women.
The learner will be able to better understand the heart failure self-care process.	Through the Situation Specific Theory of Heart Failure Self-Care, learners will be able to describe and understand the process an individual undergoes as they manage this chronic syndrome.
The learner will be able to describe the mixed methods research process.	An explanation of the mixed methods design is presented and used throughout the presentation of research.

Abstract Text:

Purpose: Self-care is paramount to the successful management of heart failure. Although recent trends in heart failure have shown a decline in hospitalizations and emergency room visits, observational unit admissions related to heart failure exacerbations continue to rise (Albert, 2016). While nearly half (47%) of the heart failure population is female, women are historically under-represented in heart failure research that guides best practice recommendations (Pressler, 2016). Therefore, the primary aim of this mixed methods study was to identify differences in women who demonstrate an adequate heart failure self-care maintenance (score >70) behaviors as compared to women who score inadequately (score < 69) as measured by the Self-Care of Heart Failure Index (SCHFI) version 6.2.

Methods: In this mixed methods study, a convergent design was used (Creswell, 2015). This research methodology is best for comparing and contrasting quantitative data with qualitative finding. Convergent designs are also best used to develop a deeper understanding of a phenomenon when there is equal value in both the quantitative and qualitative data. Following the methodology of this design, the study was conducted in one phase. In the quantitative strand of the study, a demographic questionnaire and the SCHFI were distributed to eligible patients being treated at a primary care clinic of an urban hospital. At the conclusion of collecting quantitative data, participants were invited to participate in the qualitative strand which consisted of a semi-structured, qualitative interview.

Results: Quantitative data revealed a significant, parabolic relationship between heart failure self-care maintenance and self-care confidence scores. Qualitative analysis suggested that assuming an active or passive role in heart failure self-care plays an important role in women's heart failure self-care maintenance. Mixed methods analysis revealed that high heart failure self-care confidence levels may not reflect an adequate level of heart failure self-care maintenance behaviors.

Conclusion: In a population of women living with heart failure, self-care confidence is highest in those that score lowest on the SCFHI and those that score the highest. Those women scoring closer to the median of the distribution of scores seemed to have the lowest self-care confidence scores.