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## Family support, positive thinking and spirituality correlates on psychologically distressed heart failure patients

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### Abstract

This study sought to screen the psychological profile among Heart Failure (HF) patients in Malaysia. The Hospital Anxiety and Depression Scale (HADS) was administered to 211 HF patients. Later, qualitative interviews were used to gain an in-depth understanding of the prior findings. The study demonstrated that depression (6%) and anxiety (9%) are rare in the Malaysia HF populations. These results were explained through exploratory factors such as family support, positive thinking, and spiritual belief that emerged from the qualitative interviews. Prevalence of anxiety and depression among HF patients in Malaysia is lower compared to the Western population due to some motivating factors.

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*Keywords:* Psychological distress; heart failure; spirituality; family support and positive thinking

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### 1. Introduction

Heart failure (HF) is a major disease globally, and has been studied extensively as to how it is treated and managed. In Malaysia, HF is an important cause of hospitalization accounting for about 10% of all medical

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admissions (The, Lim, Robiah, Azman & Thuraisingham, 1999). The prognosis for HF patients is poor, and far worse than some of the common cancers (Kannel, Castelli, Mcnamara, McKee & Feinleib, 1972). The one year mortality rate varies between 5% to 52% depending on the severity and the presence of co-morbidity (Academy of Medicine of Malaysia, 2007).

A recent study on mortality was conducted with 225 multi-ethnic HF in-patients in Singapore with a left ventricular ejection fraction of 40% or less and who were discharged alive. After five years, the survival and causes of death findings showed proportionally more Malays and Indian patients were admitted compared with Chinese patients. Surprisingly, the morbidity rate associated with HF is not only confined to physical symptoms but also significant psychological distress including anxiety and depression, due to changes in functional level, work status, and social relationships (Seow, Chai, Ping Lee, Chan, Kwok, Yeo & Chia, B, 2007). Malaysia is a multiracial developing country with three major ethnic groups (Malay, Indian and Chinese), however to date no studies have explored the psychological factors related to HF in these populations.

Recent self-reported findings suggest that between 25% and 50% of HF patients have anxiety, and 18% to 47% have depression. These percentages are dependent on their socio-demographic factors such as age, length of diagnosis and co-morbid conditions (Deville & McDongall, 2008; Dekker, Peden, Lennie, Schooler & Moser, 2009). These factors may affect quality of life and potentially decrease the survival of HF patients (Sullivan et al., 2009). There is no published research which has investigated the psychological prevalence associated with HF patients in Malaysia. Hence, this pilot study was conducted to determine prevalence of anxiety and depression among multi-ethnic HF patients.

## 2. Materials and methods

### 2.1. Study design

A questionnaire based survey was used to establish a cross sectional view of the psychological prevalence of anxiety and depression among HF populations in the National Heart Institute, Malaysia. A semi-structured interview was then conducted with the aim to provide insight into the meaning of the psychological prevalence findings and the HF patients' perceptions on their psychological wellbeing.

### 2.2. Subjects

HF inpatients were recruited from the National Heart Institute, Malaysia a tertiary hospital in West Malaysia. Patients were recruited over a period of four months and included multi-ethnic Malaysians (Malay, Chinese and Indian). Eligible study participants had (1) a cardiologist's diagnosis of heart failure, (2) Classification of HF based on the New York Heart Association (NYHA) functional class of II, III and IV according to the cardiologist, (3) medical records showing measurement of left-ventricular ejection fraction of <40% documented by nuclear ventricular or echocardiography, (4) aged 18 years old and above, (5) and for female participants none were pregnant. Patients were excluded if (1) they were diagnosed of having cognitive impairment from their medical record, or (2) were unable to speak Malaysian language or English or (3) did not give informed consent.

### 2.3. Instruments

*The Hospital Anxiety and Depression Scale (HADS)* (Zigmond & Snaith, 1983): This 14 item questionnaire assesses 2 subscales: anxiety and depression (7 items each). Scores of 8 to 10 on the anxiety and depression subscales indicate a borderline clinical status, and scores of >11 a moderate level of psychological distress which is regarded as psychiatric (or case) levels of anxiety and depression, comparable to clinical diagnostic interviews [9]. Previous studies support its 2-factor structure with a Cronbach alpha of 0.83 for the anxiety subscale, and 0.82 for depression (Bjelland, Dahl, Haug & Neckelmann, 1997). This study developed a Malaysia Language version of HADS which was translated and validated with a Cronbach alpha of 0.88 for anxiety and 0.79 for depression (Yusof, Low & Yip, 2011).

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