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## The effect of guided reflection on heart failure self-care maintenance and management: A mixed methods study

Kristen A. Sethares, PhD, RN, CNE, FAHA\*, Marilyn E. Asselin, PhD, RN-BC

Adult Nursing Department, University of Massachusetts Dartmouth, North Dartmouth, MA, USA

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### ABSTRACT

**Objective:** Evaluate the effect of structured, guided reflection on patient descriptions of self-care maintenance and management.

**Background:** Inadequate HF self-care behaviors are linked to hospitalizations. Symptom monitoring and recognition are precursors to adequate HF self-care. Reflection on actions taken during HF exacerbations may lead to insights and future changes in HF self-care maintenance and management.

**Methods:** One-group mixed method pre-test/post-test design. Following cognitive screening, self-care maintenance and management was measured prior to the intervention at a home visit one-week after hospital discharge, and one-month post intervention. Qualitative data consisted of audiotaped individual interviews with participants, field notes and reflective diaries kept by patients.

**Results:** The results ( $N = 10$ ) demonstrate large effect sizes and increases in self-care maintenance (69.9 vs 79.6,  $d = 1.04$ ) and management (47.2 vs 63.9,  $d = 2.53$ ) scores after intervention. Eight themes emerged from the data that reflected the HF participant's experience of self-care. Reflection evoked emotions around concerns for family and mortality. Participants linked symptoms experienced with contextual factors which facilitated discussion about changing future actions.

**Conclusions:** Purposeful reflection may be necessary for the development of self-care. Guided reflection on previous actions that includes contextual considerations may also play a role in enhancing self-care management by allowing the person to more fully understand the illness experience.

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### Introduction

Close to 5.7 million Americans suffer from heart failure and in 2012, 30.7 billion dollars was spent to treat the condition.<sup>1</sup> Inadequate self-care behaviors including the inability to recognize and correctly classify symptoms leads to treatment seeking delay and costly hospitalizations in this population.<sup>2–4</sup> Symptom monitoring and recognition are important precursors to satisfactory self-care management.<sup>5,6</sup> Research suggests that those who perform adequate self-care management have lower mortality rates,<sup>7</sup> all-cause hospital readmission rates<sup>8</sup> and improved quality of life.<sup>9</sup> However, prior interventional efforts to improve self-care behaviors are primarily acute care-based educational interventions demonstrating varying levels of success due to failure to account for contextual and emotional factors present during an exacerbation, insufficient practice in self-care skills and lack of home follow up.<sup>8,10–13</sup> The need to develop acceptable, innovative interventions

to support the growth and sustainability of self-care behaviors is paramount.

### Theoretical framework

The theoretical framework that guided the study is the Situation-Specific Theory of HF Self-Care.<sup>6,14</sup> The theory posits that self-care is a naturalistic decision making process that consists of two types of behaviors: self-care maintenance and self-care management.<sup>6,14</sup> Self-care maintenance behaviors include following the advice of a healthcare provider, making healthy lifestyle choices and monitoring symptoms.<sup>6,14</sup> Self-care management, the final phase of this linear model, is an active patient-centered process of evaluating symptoms, deciding on a course of action, taking action and evaluating the course of action. In a more recent middle range theory that is based on this original theory, reflection is defined as a key process linked to self-care knowledge acquisition, and is posited to assist patients to understand linkages between bodily sensations and self-care behaviors.<sup>15</sup> However, the mechanisms underlying the role of reflection in promoting self-care have not been fully explicated.

\* Corresponding author. University of Massachusetts Dartmouth, 285 Old Westport Rd., North Dartmouth, MA, 02747, USA. Fax: +1 508 999 9127.

E-mail address: [ksethares@umassd.edu](mailto:ksethares@umassd.edu) (K.A. Sethares).

Reflection, a widely used teaching-learning tool in adult education and professional practice may assist heart failure patients to think back on their symptoms, deconstruct the situation within which their symptoms occurred, evaluate their actions, and develop insights for future actions when similar symptoms occur.<sup>16–18</sup> New insights subsequently lead to changed behaviors. Reflection is a complex skill that needs to be learned and practiced.<sup>19</sup> Furthermore, the use of a guided process, such as question cues, and a facilitator may assist individuals to deconstruct situations more deeply to gain insights for future action.<sup>20,21</sup> Gibbs' reflective cycle's simplicity and clearly enunciated question cues may be useful in prompting a more thoughtful examination of symptom experiences with heart failure patients.

The purpose of this exploratory study was to test the acceptability and effect of a guided reflective intervention on self-care maintenance and management scores in persons with HF. A one-group mixed method pre-test/post-test exploratory design, using qualitative and quantitative approaches, was used to answer the following research questions: 1. How do heart failure patients describe their self-care in general and during periods of exacerbation? 2. What is the effect of a guided reflection intervention on self-care maintenance and management scores? 3. To what extent is guided reflection useful and acceptable to heart failure patients in gaining insights into self-care decisions?

## Methods

### Sample and setting

A purposive sample of ten adults with a primary diagnosis of heart failure from one hospital in the northeastern United States completed this study. Inclusion criteria were: a primary diagnosis of HF confirmed using the Framingham Criteria,<sup>22</sup> discharge from the hospital within the past week for a HF exacerbation, English speaking, and returning home after discharge. Participants were excluded if they had an active psychiatric diagnosis listed in their medical record or dementia. For an acceptability study, this sample size was judged adequate for qualitative<sup>23</sup> and quantitative data analysis.<sup>24</sup>

### Intervention

The intervention consisted of a structured one-on-one interview with each participant. The interview was guided by Gibbs<sup>25</sup> reflective cycle questions (Table 1) and aimed at prompting the participant to explore his/her self-care behaviors in general and during a previous HF exacerbation. The reflective intervention occurred during a single home visit and was completed by the primary author, a cardiac nurse with 25 years of nursing experience. With each of these questions, the interventionist (first author) allowed the participant time to reflect upon the answer to the question and elicited the context and meaning underlying the symptom experience according to the naturalistic decision making process that undergirds the theory.<sup>15</sup> At the conclusion of the 1 h home interview, each participant was left with a diary that

included the same questions from Gibb's reflective cycle as those used in the interview. The participant was instructed to answer the questions in the diary with the presence of any HF symptoms. Weekly telephone calls were made to each participant by the first author to remind participants to complete the diary in the presence of symptoms. The diary was reviewed with each participant (by the first author) one month after the initial intervention visit during a home visit. Treatment fidelity was assessed by the second author who listened to all of the audiotaped intervention interviews and reviewed all transcripts of the interviews.

### Procedure

Institutional Review Board (IRB) approval was obtained at the University of the investigators' and informed consent was obtained from all participants prior to enrollment. Fig. 1 outlines study procedures and data collection points. Quantitative data collected pre-intervention in the hospital included demographics and cognitive assessment to determine study eligibility. Self-care maintenance and management scores were measured prior to the intervention at a home visit one week after hospital discharge and post-intervention one month after the initial intervention visit. Qualitative data consisted of transcribed data from audiotaped individual interviews with each participant, field notes and the diary of one participant.

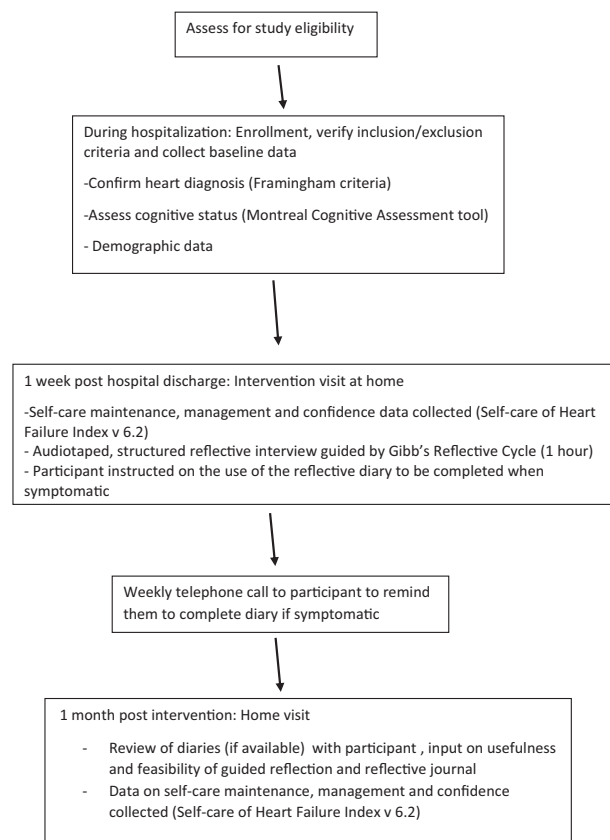
### Instruments and measures

#### Demographics

An investigator constructed demographic tool was designed to collect data at enrollment and verified through a medical record

**Table 1**  
Intervention questions by phase of Gibb's reflective cycle.

Phase	Questions for guided reflection
Description	What happened?
Feelings	What were you feeling and thinking?
Evaluation	What was good and bad about the situation?
Analysis	What sense can you make of the situation?
Conclusion	What else could you have done?
Action plan	If the situation arose again, what would you do?



**Fig. 1.** CONSORT diagram illustrating study procedures.

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