HEART & LUNG

Nurses' strategies to address self-care aspects related to medication adherence and symptom recognition in heart failure patients: An in-depth look

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ABSTRACT

OBJECTIVE: Despite an increasing body of knowledge on self-care in heart failure patients, the need for effective interventions remains. We sought to deepen the understanding of interventions that heart failure nurses use in clinical practice to improve patient adherence to medication and symptom monitoring.

METHODS: A qualitative study with a directed content analysis was performed, using data from a selected sample of Dutch-speaking heart failure nurses who completed booklets with two vignettes involving medication adherence and symptom recognition.

RESULTS: Nurses regularly assess and reassess patients before they decide on an intervention. They evaluate basic/factual information and barriers in a patient's behavior, and try to find room for improvement in a patient's behavior. Interventions that heart failure nurses use to improve adherence to medication and symptom monitoring were grouped into the themes of increasing knowledge, increasing motivation, and providing patients with practical tools. Nurses also described using technology-based tools, increased social support, alternative communication, partnership approaches, and coordination of care to improve adherence to medications and symptom monitoring.

CONCLUSION: Despite a strong focus on educational strategies, nurses also reported other strategies to increase patient adherence. Nurses use several strategies to improve patient adherence that are not incorporated into guidelines. These interventions need to be evaluated for further applications in improving heart failure management

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Heart failure is a chronic disease that affects an increasing number of individuals worldwide and is associated with poor outcomes, such as a diminished quality of life, early mortality, and frequent readmissions.[1] Self-care is considered a method to improve these outcomes,[2] and is recommended as a part of successful heart failure treatment.[3] Self-care can be defined as actions aimed at maintaining life, healthy functioning, and well-being.[4] One aspect of self-care involves adherence to medical treatment.[2] The World Health Organization defines adherence as the extent to which a patient's behavior coincides with recommendations by a healthcare provider. This term is intended to be nonjudgmental, without blaming the patient. Adherence to medical treatment has been identified as a serious challenge to patients and their healthcare providers, because it requires adherence to multiple self-care behaviors, eg, taking medications, symptom monitoring, diet and fluid restriction, and exercise. Nonadherence to medications is related to frequent readmissions and low survival in patients with heart failure.[5,6] More recently, nonadherence to exercise and symptom monitoring (in particular, daily weighing) was found to be associated with an increased risk of heart failure readmissions and mortality.[7]

Monitoring and managing symptoms comprise other important aspects of self-care in patients with heart failure, necessary to optimizing outcomes and possibly preventing acute hospitalizations.[2]

Nurses play an increasingly prominent role in disease management intervention programs promoting self-care. These programs often provide patient education, optimized treatments, and follow-up.[3,8,9]

In addition to the implementation of evidence-based interventions, it is important to recognize the availability of clinical knowledge and expertise derived from expert practice.[10] By bringing both together, innovative interventions that may influence outcomes can be developed in research and then translated into clinical practice. Our study aimed to deepen the understanding of interventions heart failure nurses use in clinical practice to improve adherence to medications and symptom monitoring in patients with heart failure.

METHODS AND ANALYSIS

Our method is derived from approaches using vignettes to describe decision-making by nurses (eg, in pain management).[11] Qualitative data were collected from a selected sample of Dutch-speaking heart failure (HF) nurses. We identified the nurses by selecting them from among all HF nurses in the Netherlands. We looked for nurses who could provide rich information for an in-depth study, and who would present a diverse picture in terms of number of years working in HF (many and less), education (nurse practitioners and nurses specializing in HF), working settings (academic and community hospitals, HF clinics, and homecare),

Table 1 — Sample characteristics		
Heart failure nurses' sample		
Gender	Female	Male
	6	2
Age range	28 to 62 years	
Number of years in HF	Long (≥5)	Short (<5)
	5	3
Educational level	Nurse practitioner	HF specialized nurse
	3	5
Work settings	Academic	Community
	2	6
	Heart failure clinic	Homecare
	7	1
Geographical region in the Netherlands	North 2	South 2	West 1	East 3
HF, heart failure.		

and geography in the Netherlands (Table 1). Two male and 6 female HF nurses, ranging between 28 and 62 years of age, were included. Both HF nurses with a formal nurse practitioner (NP) qualification and nurses specializing in heart failure, although not officially recognized as NPs, were included. In the Netherlands, NPs and specialized nurses assume similar roles in HF care, and comparable responsibility with regard to the up-titration of medication, patient education, and self-care.

Procedure

The 8 nurses were approached to share their experience of the interventions they would use in practice to improve adherence to medications and symptom recognition in patients with HF. All of the nurses completed booklets developed for this study and distributed in advance as a data-gathering tool. In the booklets, 2 vignettes concerning the same patient were described, addressing a number of challenges regarding adherence to medications and symptom recognition.

The vignettes were developed by a HF research expert and then checked for completeness, relevance, and format by 2 experienced HF nurses and 2 independent researchers. For each case, the HF nurses were presented with 2 tables: "Current Patient Status" and "Dilemma" (examples of the medication adherence case are provided in Tables 2 and 3). "Current Patient Status" describes the patient's demographics, medical history, comorbidities, medications, and psychosocial status. "Dilemma" describes a number of challenges for the HF nurse in bringing a patient from a "current situation" (revealing the patient's problem with adherence) to the "desired situation" (characterized by