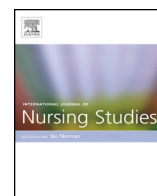




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Review

The effectiveness and experience of self-management following acute coronary syndrome: A review of the literature

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ABSTRACT

Objectives: To evaluate the effectiveness of interventions used to support self-management, and to explore patients' experiences after acute coronary syndrome in relation to self-management.

Design: Scoping review.

Data sources: Keyword search of CINAHL Plus, Medline, the Cochrane Library, and PsycINFO databases for studies conducted with adult population and published in English between 1993 and 2014.

Review methods: From title and abstract review, duplicated articles and obviously irrelevant studies were removed. The full texts of the remaining articles were assessed against the selection criteria. Studies were included if they were original research on: (1) effectiveness of self-management interventions among individuals following acute coronary syndrome; or (2) patients' experience of self-managing recovery from acute coronary syndrome.

Results: 44 articles (19 quantitative and 25 qualitative) were included. Most studies were conducted in western countries and quantitative studies were UK centric. Self-management interventions tended to be complex and include several components, including education and counselling, goal setting and problem solving skills which were mainly professional-led rather than patient-led. The review demonstrated variation in the effectiveness of self-management interventions in main outcomes assessed – anxiety and depression, quality of life and health behavioural outcomes.

For most participants in the qualitative studies, acute coronary syndrome was unexpected and the recovery trajectory was a complex process. Experiences of making adjustment and adopting lifestyle changes following acute coronary syndrome were influenced by subjective life experiences and individual, sociocultural and environmental contexts. Participants' misunderstandings, misconceptions and confusion about disease processes and management were another influential factor. They emphasised a need for ongoing input and continued support from health professionals in their self-management of rehabilitation and recovery, particularly during the initial recovery period following hospital discharge.

Conclusions: Evidence of the effectiveness of self-management interventions among people with acute coronary syndrome remains inconclusive. Findings from the patients' experiences in relation to self-management following acute coronary syndrome provided important insights into what problems patients might have encountered during self-managing recovery and what support they might need, which can be used to inform the

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development of self-management interventions. Theoretical or conceptual frameworks have been minimally employed in these studies and should be incorporated in future development and evaluation of self-management interventions as a way of ensuring clarity and consistency related to how interventions are conceptualised, operationalised and empirically studied. Further research is needed to evaluate self-management interventions among people following acute coronary syndrome for sustained effect and within different health care contexts.

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What is already known about the topic?

- With the shift in predominant disease patterns from acute to chronic disease, the promotion of self-management amongst people with long-term conditions is central to current NHS priorities.
- Evidence has suggested the effects of self-management interventions on rehabilitation and recovery across a variety of chronic conditions. However, to date less is known about the extent of the literature on self-management for individuals following an acute cardiac event.
- Despite widespread use of the term 'self-management' and growing interest in the concept, defining how self-management is manifested in terms of observable behaviours remains challenging in the field of health and social care.

What this paper adds

- Evidence showed varying effects of the self-management interventions among people following acute coronary syndrome when compared with usual care. Most studies in this review were conducted in western countries and quantitative studies were UK centric. Therefore, more research is needed to explore self-management among people following acute coronary syndrome within different health care contexts.
- Experiences of making adjustment and adopting lifestyle changes following acute coronary syndrome were influenced by subjective life experiences and individual, sociocultural and environmental contexts. Participants' misunderstandings, misconceptions and confusion about disease processes and management were another influential factor.
- Little attention was paid to the underlying theoretical basis of the self-management interventions being tested. Theoretical perspectives should be incorporated in future development and evaluation of self-management interventions as a way of ensuring clarity and consistency related to how interventions are conceptualised, operationalised and empirically studied.

1. Introduction

With the shift in predominant disease patterns from acute to chronic disease, the promotion of self-management amongst people with long-term conditions is important (Griffiths et al., 2005). Supporting self-management is driven by the role change of patients from being

passive care recipients to taking an active role in their own health care, and the pressure on health and social services due to workforce shortages, rising demand for services, population increases and budgetary constraints (de Silva, 2011).

Self-management is commonly defined as an 'individual's ability to manage symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition' (Barlow et al., 2002, p.178). It involves the decision-making and behaviours performed by individuals to manage illness on a daily basis and promote health, with or without the help or collaboration of healthcare providers (Griffiths et al., 2005; Henderson et al., 2014; Omisakin and Ncama, 2011). Accordingly, self-management interventions are important and complex interventions designed to encourage people to take an active part in the management of their condition, improve individuals' confidence and ability to live with chronic disease, and the intention is (in part at least) to reduce the reliance on healthcare providers (Foster et al., 2007; Lorig et al., 2001).

There has been a substantial increase in the body of literature to suggest the effects of self-management interventions on rehabilitation and recovery across a variety of chronic conditions such as stroke (Jones et al., 2009), lymphoedema (McGowan et al., 2013), chronic obstructive pulmonary disease (Bourbeau et al., 2013; Fairbrother et al., 2013) and vascular risk reduction (Maitland and Chalmers, 2010; Mead et al., 2010; Sol et al., 2005, 2008).

Despite widespread use of the term 'self-management' and growing interest in the concept, defining how self-management is manifested in terms of observable behaviours remains challenging in health and social care. Furthermore, little is known about the extent of the literature on self-management for individuals following an acute cardiac event. Acute coronary syndrome refers to a spectrum of unstable coronary artery disease from unstable angina to transmural myocardial infarction and it is an umbrella term for situations where the blood supplied to the heart muscle is suddenly blocked (American Heart Association, 2015). Acute coronary syndrome has been described as an extremely traumatic cardiac event (Herber et al., 2012) and the aftermath has been found to influence physical and psychosocial well-being for a significant time period (Kristofferzon et al., 2005).

A scoping review systematically maps and assesses the breadth of existing evidence in a particular field (Arksey and O'Malley, 2005) and is an appropriate approach,

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