



Review

Social support and self-care behaviors in individuals with heart failure: An integrative review



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ABSTRACT

Objectives: The purpose of this review is to examine and synthesize recent literature regarding the relationship between social support and self-care behaviors in individuals with heart failure (HF).

Background: Self-care is an important factor in maintaining health and well-being for individuals with heart failure. Self-care behaviors are an integral component of self-care, and may be impacted by the disease process of heart failure. However, social support may positively influence an individual's self-care behaviors by assisting with activities associated with symptom management and evaluation, as well as activities associated with maintaining heart failure-related treatment regimens. This review will synthesize the current knowledge related to the influence of social support on heart failure self-care behaviors.

Design and data sources: Using an integrative review method, a review of current empirical literature was conducted utilizing CINAHL, PsycARTICLES, and PubMed computerized databases for a period of January 2000 to December 2012. Thirteen studies were identified that met the inclusion criteria for review and investigated aspects of social support and heart failure self-care behaviors.

Results: Social support appears to have a positive relationship on heart failure self-care behaviors, with an individual's family playing an important role in assisting individuals to maintain positive self-care behaviors. Social support appears to influence both heart failure self-care maintenance and management related behaviors by assisting with maintaining treatment regimens and by participating in the decision-making process related to the management of symptoms, as well as seeking treatment for symptoms of heart failure.

Conclusions: All four types of social support (i.e., emotional support, instrumental/tangible support, informational support, and appraisal support) are involved in the interactive process between an individual's social network (i.e., family and peers) and the individual with heart failure to maintain self-care behaviors that enhance health and well-being. However, more research is needed, specifically longitudinal and experimental designs, to determine the effectiveness of social support on self-care behaviors in individuals with heart failure, since this review revealed mostly cross-sectional, correlational studies which limits the ability to infer causality.

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What is already known about the topic?

- Heart failure is one of the most common diagnoses associated with hospital admissions among individuals 65 years and older.

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- Maintaining positive self-care behaviors are integral to the health and well-being of individuals with heart failure and are associated with positive disease-related outcomes.
- The disease process of heart failure impacts individuals' ability to maintain positive self-care behaviors and thus, affects their health and well-being.

What this paper adds

- This review demonstrates that social support positively influences heart failure-related self-care behaviors in individuals by influencing both heart failure self-care maintenance and management related behaviors.
- All four types of social support (i.e., emotional support, instrumental/tangible support, informational support, and appraisal support) are involved in an interactive process between one's social network and the individual with heart failure in maintaining self-care behaviors.
- An individual's family appears to be the most influential in assisting with the maintenance of heart failure self-care related behaviors.

1. Introduction

Heart failure (HF) is one of the most common reasons for hospitalization among individuals 65 years and older (AHA, 2010), especially if co-morbidities exist (Aranda et al., 2009). Currently, the prevalence of HF continues to increase, with approximately 660,000 new cases diagnosed each year. Morbidity and mortality rates remain high, with one out of five people dying within a year of diagnosis (AHA, 2010). Although hospital readmissions are common, the majority of individuals living with HF seek treatment as outpatients (Liu, 2010). The AHA (2010) reports that about 26.8 million individuals living in outpatient settings make approximately 16 million visits to ambulatory care centers for HF-related treatment; thus, increasing healthcare costs for both direct and indirect treatment of HF. In 2010, the cost of HF-related treatment was estimated to be 39.2 billion dollars (AHA, 2010). Therefore, it is vital that individuals with HF participate in self-care behaviors that may positively influence morbidity and decrease the number of visits to ambulatory care centers and hospitals for HF-related treatment.

Self-care is an important factor in maintaining optimal health for individuals with heart failure (Riegel et al., 2009). Self-care behaviors are an integral component of self-care, which is defined as a process by which individuals perform daily behaviors that promote or restore health and well-being and assist in illness prevention and management (Moser and Watkins, 2008). The progressive nature of HF and associated physical symptoms often impact an individual's ability to perform self-care behaviors (Carlson et al., 2001; Riegel and Carlson, 2002), predisposing one with HF to poor HF-related outcomes, including decreased quality of life and increased mortality, in addition to increased healthcare-related expenditures (Riegel et al., 2009).

However, social support may positively influence an individual's self-care behaviors. Support from one's family

and social network has been found to influence optimal self-care by assisting with activities associated with symptom management and evaluation (Friedman and Quinn, 2008; Quinn et al., 2010; Riegel and Carlson, 2002, 2004), in addition to assisting with activities related to maintaining HF-related treatment regimens (i.e., dietary and medication adherence) (Gallagher et al., 2011; Sayers et al., 2008). Although support can come from anyone within an individual's social network (Langford et al., 1997), an individual's family appears to be the most influential in assisting with maintenance of self-care activities (Dunbar et al., 2008).

Previous integrative reviews have focused solely on interventions that promote self-care (Barnason et al., 2012) and on the experiences and perceptions of those living with HF (Westland et al., 2009). Additionally, a state of the science examined the promotion of self-care (Riegel et al., 2009); however, no prior studies to date have synthesized the data related to the influence of social support on self-care behaviors. Thus, little is known regarding the influence of social support on self-care behaviors in individuals with HF or which type of social support may be more beneficial in enhancing specific self-care behaviors in this population. Therefore the purpose of this review was to: (1) examine recent literature regarding the relationship between social support and self-care behaviors in individuals with HF; (2) synthesize findings across those studies; (3) assess potential areas of future research regarding social support and self-care; and (4) identify implications for nursing practice.

2. Definitions and concepts

2.1. Social support

Social support is a multi-faceted concept (Langford et al., 1997) that positively influences disease-related outcomes in multiple chronic illnesses (Elfstrom et al., 2005; Huang et al., 2010; Hunt et al., 2012), including HF (Gallagher et al., 2011; Park et al., 2006). Defined as the assistance and protection given to others (Langford et al., 1997), social support is thought to act as a buffer in stressful situations (House et al., 1988). Social support has also been described as the exchange of resources between two or more individuals (Shumaker and Bronwell, 1984).

Four types of social support have been found to influence disease-related outcomes in individuals with HF, including emotional support, instrumental/tangible support, informational support, and appraisal support (Dekker et al., 2009; Dunbar et al., 2008; Park et al., 2006; Riegel and Carlson, 2002). Emotional support involves conveying the perception of caring, love, and trust to others. Instrumental/tangible support refers to the provision of goods and services needed by the recipient. Informational support is the provision of information to individuals during a stressful situation. Lastly, appraisal support involves providing assistance with self-evaluation and involves affirming the appropriateness of actions or statements made by other individuals (Langford et al., 1997).

Social network is a related term and is considered to be an antecedent of social support (House et al., 1988;

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