Patients’ understanding of a Heart Failure Self-care Behaviour Scale in a hospital setting: A survey

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Improving HF-specific self-care behaviour

- Patients are expected to perform appropriate self-care behaviour in their everyday lives.
- Research suggests that improved self-care behaviour is associated with better outcomes like lower hospitalisation rates and a higher quality of life:
  - monitoring of health parameters
  - recognition and correct interpretation of onset symptoms of cardiac decompensation
  - maintain a preventive lifestyle
- Validated assessment instruments available

(Grossmann & Mahrer, 2008)
Quality criteria of assessment instruments

Quality

- gold standard
- reliability
- validity
- feasibility
- clinical utility
- acceptance

(Reuschenbach & Mahler, 2011)
Aim

- To determine the practicability of the German version of the European Heart Failure Self-care Behaviour Scale [EHFScB-9] from the perspectives of patients in an acute care hospital in the German-speaking part of Switzerland

1) feasibility
2) clinical utility
3) acceptance
## EHFScB

- 9-item, self-reported questionnaire
- 5-point-Likert scale, between 1 (I completely agree) and 5 (I completely disagree) - total score

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
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<tbody>
<tr>
<td>I weigh myself daily</td>
<td></td>
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<tr>
<td>If my shortness of breath increases, I contact my doctor or nurse</td>
<td></td>
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<tr>
<td>If my leg/feet become more swollen, I contact my doctor or nurse</td>
<td></td>
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<tr>
<td>If I gain 2 kg in 3 days, I contact my doctor or nurse</td>
<td></td>
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<tr>
<td>I limit the amount of fluids I drink (not more than 1 1/2 – 2 litres/day)</td>
<td></td>
</tr>
<tr>
<td>If I experience increased fatigue I contact my doctor or nurse</td>
<td></td>
</tr>
<tr>
<td>I eat a low-salt diet</td>
<td></td>
</tr>
<tr>
<td>I take my medication as prescribed</td>
<td></td>
</tr>
<tr>
<td>I exercise regularly</td>
<td></td>
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</tbody>
</table>

(Jaarsma et al., 2008; Köberich et al., 2012)
Method

- Qualitative approach: cognitive interviews (thinking aloud)
- In - and outpatients, department of cardiology
  - Diagnosed with chronic HF (NYHA II-IV)
  - Age > 18
- Data collection September - November 2011
- Analysis: content analysis according to Mayring
  - Deductive and inductive approach

(Drennan, 2003; Mayring, 2010)
Patient characteristics (n=24)

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Gender % (n)</td>
<td>male</td>
<td>66.7 (16)</td>
</tr>
<tr>
<td>Age in years - Mean (SD; Range)</td>
<td>71.7 (10.6; 50-91)</td>
<td></td>
</tr>
<tr>
<td>HI experience in years - Median (Range)</td>
<td>4.0 (0.2-31 years)</td>
<td></td>
</tr>
<tr>
<td>Social support, % (n)</td>
<td>Living together</td>
<td>70.8 (17)</td>
</tr>
<tr>
<td>Education level</td>
<td>&lt; 9 years</td>
<td>54.2 (13)</td>
</tr>
<tr>
<td>% (n)</td>
<td>9 years</td>
<td>29.1 (7)</td>
</tr>
<tr>
<td></td>
<td>Secondary school</td>
<td>12.5 (3)</td>
</tr>
<tr>
<td></td>
<td>University</td>
<td>4.2 (1)</td>
</tr>
<tr>
<td>NYHA, % (n)</td>
<td>II</td>
<td>25.0 (6)</td>
</tr>
<tr>
<td></td>
<td>III</td>
<td>62.5 (15)</td>
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</table>
Patients` perspective of feasibility and clinical utility

- Items in general mostly user-friendly, relevant and reasonable
  - Rather difficult if described symptoms don`t occur
- Generally good comprehensibility, but heterogeneous perceptions of items
  - E.G. I eat low-salt diet or I limit the amount of fluids, I drink (not more than 1½ litres/day)
- Retrievable information
- Different implementation strategies
- Some uncertainty or difficulty with assignment of numbers to the Likert scale (E.G. I exercise regularly)
Factors influencing patients` decision-making regarding their self-care behaviour

- **Personal and environmental factors**
  - Knowledge about disease
  - Perception of and faith in health care professionals
  - Disease progression
  - Health-related behaviour

- **Health competency**
  - Information needs
  - Symptom perception & appraisal
  - Initiation of appropriate actions

- **Resources and barriers**
  - Family, values & structures
Discussion

- Results provide first findings about Patients’ understanding on this topic
  - Time to complete EHFScB-9 is comparable
- A considerable number of patients never perceive the described symptoms
  - Some symptoms do not occur
  - Inadequate self-observation – external observation
- Broad range of preventive lifestyle
Conclusions

- EHFScB-9 deemed in general feasible and clinically useful in patient`s perspective
- Relevance and acceptance is provided
- It is obvious that additionally to the practicability there are other factors who influence the self-assessment of HF self-care behaviour
- EHFScB-9 can be used in practise, when the results are discussed with the patient in order to determine the individual influencing factors.
Thank you for your attention
Literatur (complete list is available by the author)