



# Understanding the Coping of Self-care in Patients with Chronic Heart Failure: A Systematic Review

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## BACKGROUND

Heart failure (HF) is a serious disease with poor prognosis. The decrease of physical and psychological functioning often contributes to poor quality of life (QoL). Physical self-care in HF patients traditionally focuses on the behaviors of medication adherence, dietary restriction, daily weight and exercise adherence. The psychological aspect of self-care includes the mental responses and coping with the stress and challenges of heart failure.

Coping with the physical and psychological impacts of the illness is an important aspect of long-term life adaptation and self-care efficacy for HF patients. Individuals deal with stresses using both emotion-focused coping and problem-focused coping mechanisms. Emotion-focused coping involves strategies such as avoidance, disavowal, denial, withdrawal, and behavior disengagement, while problem-focused coping includes active coping, problem solving, planning, and information seeking.

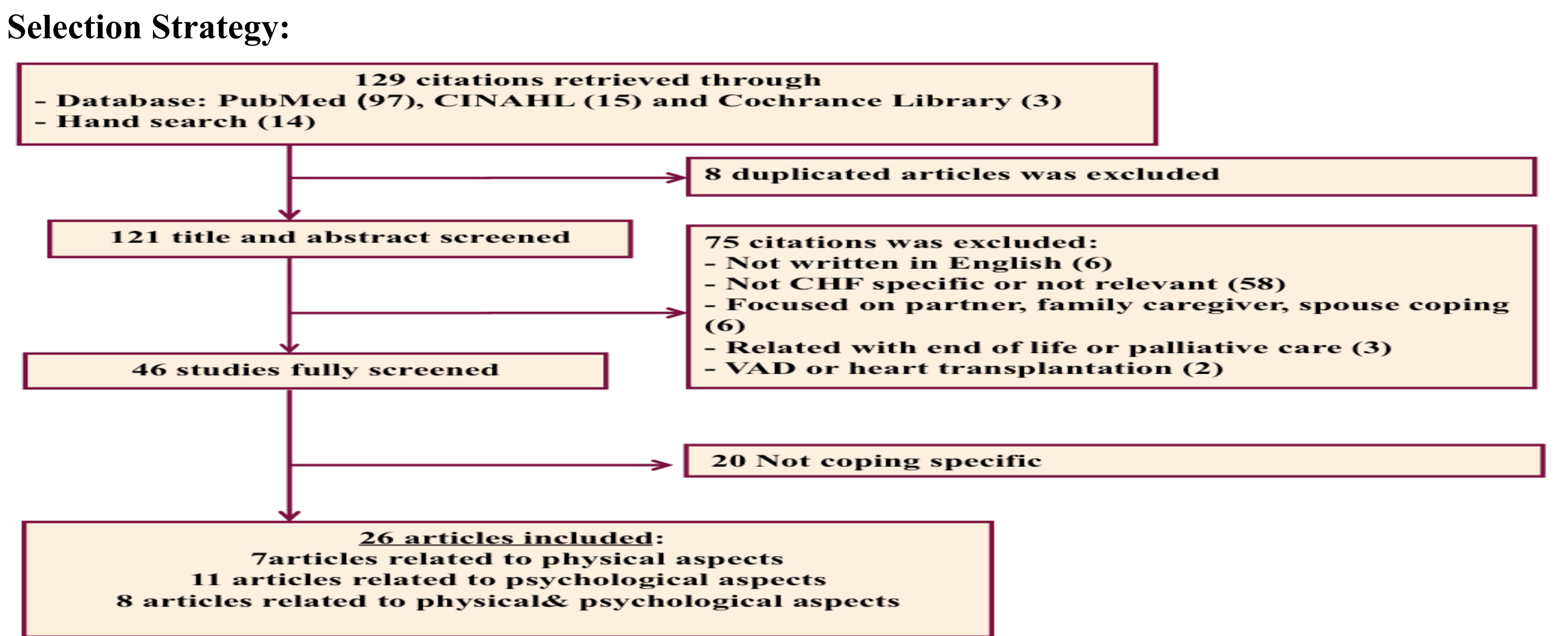
## PURPOSE

- To understand coping involved with self-care of physical and psychological aspects in chronic HF patients
- To understand the associated factors with self-care coping.

The goal is to provide information that will be useful for health care professionals to promote patients' health self-care behaviors and enhance their psychological and physical well-being.

## METHODS

A review of databases PubMed (1984-2013), CINAHL (1988-2013), and PsycINFO (1967-2013), as well as Airtel Library (1984-2013), were utilized. The study quality was assessed by a standardized checklist. Manuscripts were retrieved and reviewed utilizing the following inclusion criteria: (a) studies that investigated the association of coping and physical aspects of self-care in HF patients, such as medication, dietary, and exercise adherence; (b) studies that investigated the relationship between coping and psychological aspects of self-care in HF patients, such as anxiety and depressive symptoms; (c) studies showing related factors affecting coping and physical and psychological self-care. Exclusion criteria included the following: (a) studies that included patients who have an implanted mechanical device; (b) studies that included family caregiver, partner, or spouse's coping; (c) studies that were not specifically about HF patients; (d) studies that focused on end of life or terminal stage coping; (e) studies that were not published with the full text in English.



## RESULTS

The majority of these 26 studies involved a cross-sectional design (n=19), with one longitudinal design study, five qualitative studies, and one mixed methods design study.

Emotion-focused coping (e.g. acceptance and disavowal) and problem-focused coping are positively associated with better physical and psychological self-care, whereas an emotional approach with escape-avoidance was negatively related to adaptive self-care. Enhancing the use of emotion-focused coping with acceptance could facilitate problem-focused coping regarding physical self-care (e.g. medication and dietary adherence) and reduce adverse drug effects.

The associated factors in coping styles of physical and psychological self-care included socio-demographic factors (such as age, gender, ethnicity, employment status, marital status and social support), health condition-related factors (such as physical impairment or limitation, or underlying disease), patient-related factors (such as knowledge, self-care confidence and personality), and spirituality and religion factors.

## CONCLUSIONS

Emotion-focused coping with acceptance and disavowal, as well as problem-focused coping, may positively influence physical and psychological self-care. Health care professionals should accept and allow patients to use emotion-focused coping, then help patients use problem-focused coping skills. The influencing factors have important roles in individuals' coping styles. There is a lack of experimental and qualitative research to determine how the influencing factors affect self-care coping, since this review is primarily of revealed correlational studies.

## IMPLICATION FOR PRACTICE

Based upon this review, one can make several recommendations for the health practice and future research regarding the coping strategies and self-care in HF patients.

First, health care professionals should recognize and understand disavowal coping in patients, and create a suitable self-care plan depending on the individual patient's coping status. Second, the social support from spouses is an important coping resource for HF patients; health care professionals could encourage spouses to provide more emotional support and also participate in HF patients' self-care. Last, socio-demographic characteristics, such as personality, are playing a role in coping and self-care. Future intervention design or further study should consider different personalities or other factors influencing patients' coping styles.