



# A Qualitative Study Exploring the Perceptions and Motivations of Patients with Heart Failure who Transitioned from Non-Adherence to Adherence



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## Background & Purpose

- Successful management of heart failure (HF) involves complex self-care recommendations including medical therapy, dietary sodium and fluid restriction, self-assessment of symptoms, & physical activity.<sup>1-4</sup>
- Adherence to these self-care recommendations can reduce readmissions and mortality.<sup>5</sup>
- The majority of patients have difficulty adhering to these recommendations with up to a 60-80 % non-adherence rate.<sup>6,7</sup>
- The mechanisms that support the transition from non-adherence to adherence are poorly understood.<sup>8</sup>

### Purpose

The objective of this study was to explore the perceptions and motivations of individuals with HF who had transitioned from self-care non-adherence to adherence, with emphasis on characterizing the main components that motivated behavior change

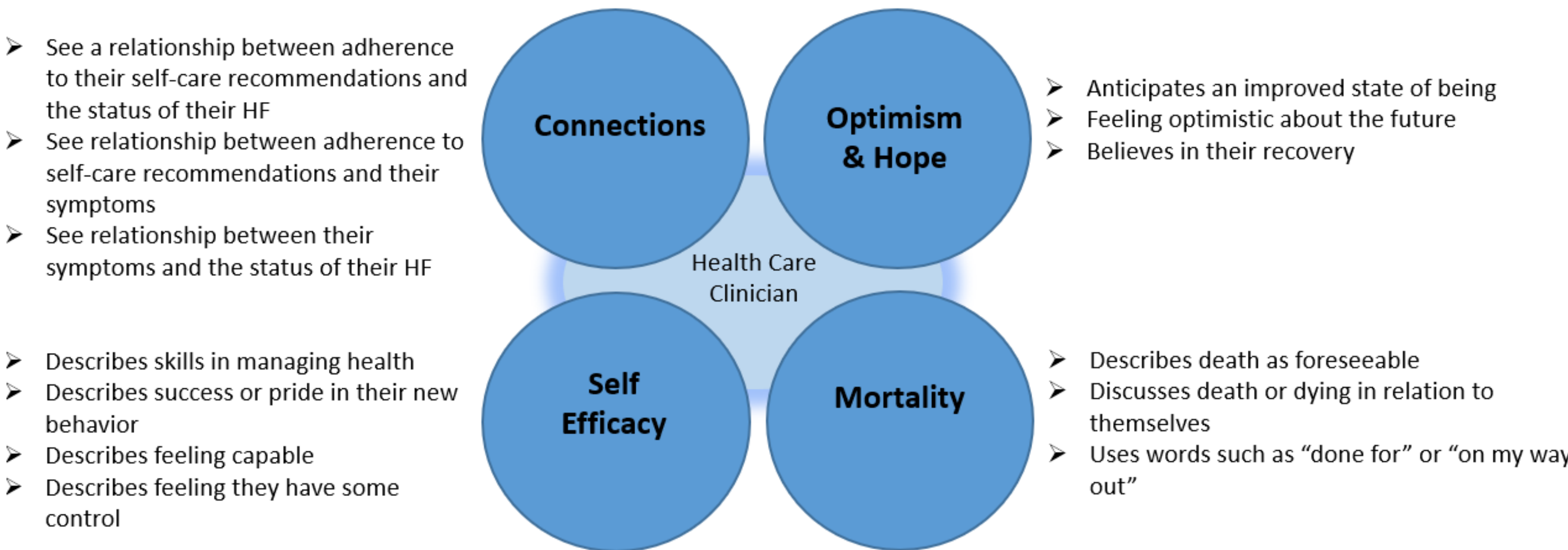
## Design & Methods

- This was a qualitative descriptive study.
- Purposive sampling was used to recruit adults with HF from cardiology clinics at UC Davis Health who had been identified by their provider as having transitioned from non-adherence to adherence.
- Participants completed a one-time, face-to-face, audio recorded interview, consisting, open-ended questions regarding patient's experiences managing HF.
- Data were analyzed using thematic analysis.

## Results

- The sample included 8 participants
- The majority identifying as male (n=7) and white (n=5).
- All were NYHA Class III
- Most had HF with reduced ejection fraction (n=7)

### Five major themes were identified across the sample:



There was no consistent chronological ordering of these themes across narratives.

The presence and influence of the healthcare clinician was a cross-cutting theme and intersected with each of the main components.

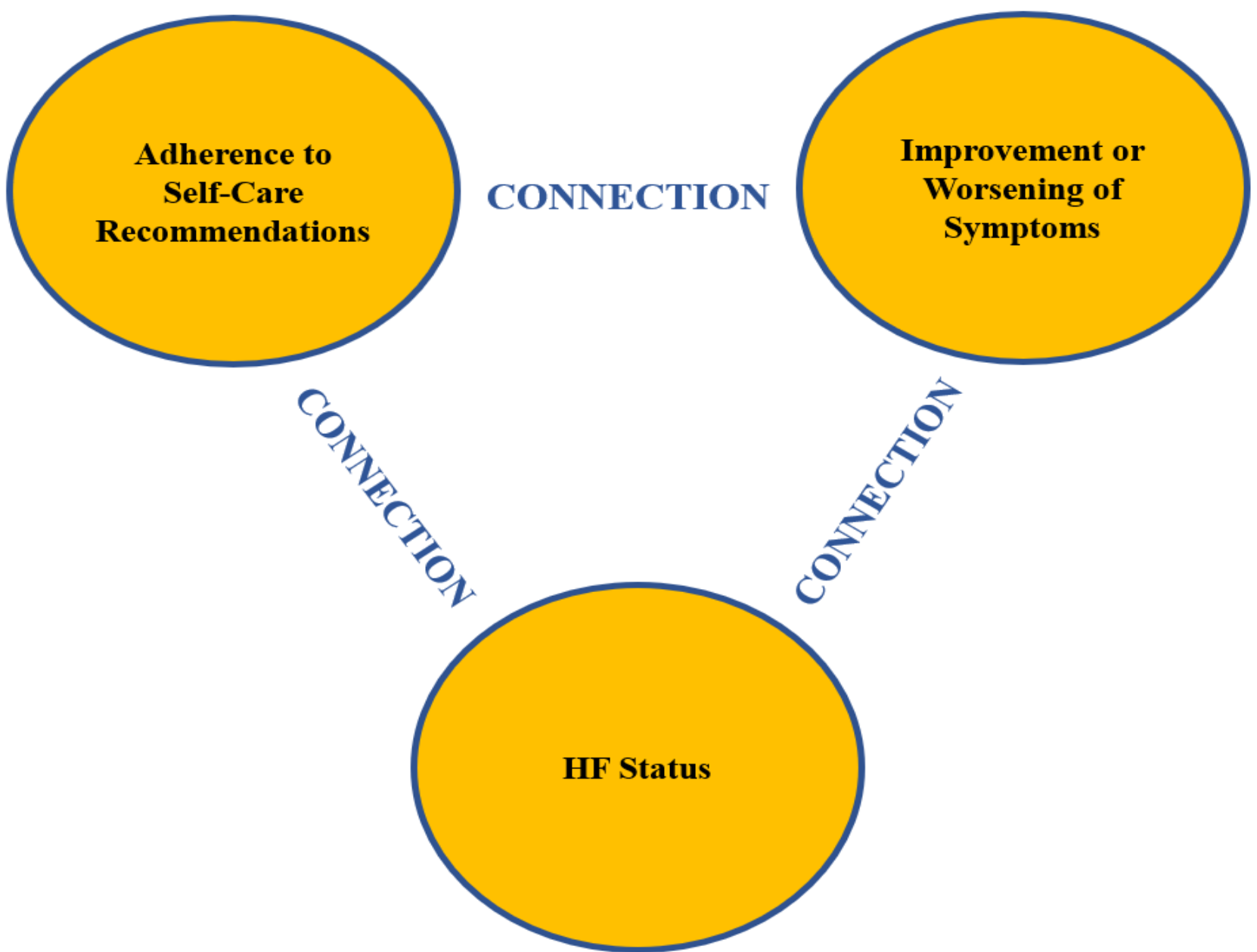
## Conclusions & Further Study

- We uncovered 5 common themes across participant narratives: 1) experiencing mortality, 2) experiencing hope 3) making connections, 4) having self-efficacy and 5) influence of the healthcare clinician.
- The input of the healthcare clinician was mentioned by each participant and was a cross-cutting theme, thus showing the potential value of the provider's presence as important to promote a shift from non-adherence to adherence.
- Our findings add a new dimension to our current understanding of HF self-care literature and theories.

### Implications for Research

- This study provides foundational data identifying potential motivational components for adherence to HF self-care behaviors.
- This work may support a larger, prospective longitudinal study to examine the value of integrating these components into an educational intervention.
- Such a study should not only further expand upon our understanding of identified components associated with eventual adherence, but also examine the element of proximity for these components.

## Results- Making Connections



## References

1. Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol*. 2013;62(16):e147-239
2. O'Connor CM, Whellan DJ, Lee KL, et al. Efficacy and safety of exercise training in patients with chronic heart failure: HF-ACTION randomized controlled trial. *JAMA*. 2009;301(14):1439-1450.
3. Ruppert TM, Delgado JM, Temple J. Medication adherence interventions for heart failure patients: A meta-analysis. *Eur J Cardiovasc Nurs*. 2015;14(5):395-404.
4. Song EK, Moser DK, Kang SM, Lennie TA. Self-reported Adherence to a Low-Sodium Diet and Health Outcomes in Patients With Heart Failure. *J Cardiovasc Nurs*. 2016;31(6):529-534
5. Ditegwig JB, Blok H, Havers J, van Veenendaal H. Effectiveness of self-management interventions on mortality, hospital readmissions, chronic heart failure hospitalization rate and quality of life in patients with chronic heart failure: a systematic review. *Patient Educ Couns*. 2010;78(3):297-315.
6. Oosterom-Calo R, van Ballegooijen AJ, Terwee CB, et al. Determinants of adherence to heart failure medication: a systematic literature review. *Heart Fail Rev*. 2013;18(4):409-427.
7. van der Wal MH, Jaarsma T. Adherence in heart failure in the elderly: problem and possible solutions. *Int J Cardiol*. 2008;125(2):203-208
8. Riegel B, Moser DK. Self-care: An Update on the State of the Science One Decade Later. *J Cardiovasc Nurs*. 2018;33(5):404-407.