Previous healthcare experiences are important in explaining the care-seeking behaviour in heart failure patients

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Implications for practice and research

► Healthcare providers and managers should pay more attention to, and invest in the experience of the patient, continuity of care and the relationship between the patient and the provider.

► Future research should test an approach that focuses on the identification of (a) physical factors, (b) patient-related factors and (c) previous healthcare experiences in order to prevent heart failure-related hospitalisations by using individualised therapy based on the results.

Context

Self-care management has been defined as ‘a naturalistic decision making process of maintaining health through positive health practices and managing illness and disease’. Positive health practices are those practices that would normally be defined as treatment adherence (eg, following a low sodium diet, following the prescribed medications regimen and daily weighing). This process is already hard for the patients with heart failure, but self-care management also involves decision making.

Timely care seeking is part of this decision making process and can be crucial in reducing the heart failure-related hospitalisations, length of stay as well as lowering the overall costs. Little is known about the timely care seeking process in heart failure patients. This study by Ivynian and colleagues tries to find a better understanding in this specific topic.

Methods

The aim was to assess patient-related factors and previous healthcare experiences in symptomatic heart failure patients and their impact on care-seeking behaviours. An exploratory sequential mixed methods design was used. A quantitative phase (understand key behaviours and experiences) using validated questionnaires such as the Dutch Heart Failure Knowledge Scale was followed by a qualitative phase (an in-depth exploration using semi-structured interviews). A total of 72 participants were recruited. Fifteen patients completed the interviews. Descriptive statistics were used to analyse clinical, demographic and questionnaire data. An interpretative phenomenological analysis was used to analyse the qualitative results.

Findings

Three-quarters of participants (n=60) had adequate health literacy (n=45), one quarter had inadequate/marginal health literacy. Good heart failure knowledge scores (n=64) were reported (mean score of 12.3±1.9 out of possible 15). Of all 10 scales of the Kansas City Cardiomyopathy Questionnaire (n=66), self-efficacy was scored the highest (mean score of 75 out of 100). The interviews showed three overarching themes reflecting decisions to seek or avoid professional care. The patients’ preferences for continuity, previous hospital experience and patient–provider relationships were extracted out of the interview data. Findings from this study offer fresh insight into how these three specific factors can lead to delayed symptom management in heart failure.

Commentary

The focus of this study was to identify key factors related to care-seeking behaviour in addition to a quantitative analysis of patient-related factors characterising the behaviour.

This specific study adds a new insight to the current body of knowledge regarding the care-seeking delays in heart failure patients. Preferences for continuity of care, previous hospital experiences and the patient–provider relationships are factors to draw more attention to in current healthcare settings. This study showed a sample of patients with a good overall knowledge, health literacy and confidence in managing their health.

Interviews show poor experiences with the healthcare environment. This study confirms the qualitative results obtained by Retrum et al. Patients are critical about the coordination and communication provided and want an efficient and knowledgeable provider. The reduction of heart failure readmissions can only be obtained by using a multifaceted, systemic approach which integrates the input of the patient. An observational study by Darling et al found a variety of (physical) factors that relate to a delay in care seeking in acute heart failure patients. Their question for strategies to eliminate these inappropriate delays can potentially be solved by the results of this article.

Competing interests None declared.

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