Analysis of Article-A qualitative study of living with the burden from heart failure treatment: Exploring the patient capacity for self-care

Writing style: The writing style was clear and easy to follow.

Title: A qualitative study of living with the burden from heart failure treatment: Exploring the patient capacity for self-care clearly describes what the article is about. It tells exactly what the reader will be reviewing. The title indicates that the type of study being conducted is qualitative. The title does not indicate which population group will be evaluated.

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are no stated conflicts of interest related to the study.

Abstract: The abstract was clearly written and included the purpose, sample, and key results.

Research Problem: The problem is clearly stated in the first sentence of the abstract. To explore how patients with heart failure perceive their capacity to manage treatment and self-care.

Purpose: The purpose of the article is clearly stated in the title and in the abstract. A qualitative study of living with the burden from heart failure treatment: Exploring the patient capacity for self-care. The aim of this article is To explore how patients with heart failure perceive their capacity to manage treatment and self-care.

Literature Review: The literature review states where they obtained the information, and how they categorized the studies. The sources used and research articles included and evaluated were taken from American Journal of Men's Health, BMC Family Practice, European Journal of Cardiovascular Nursing, Heart & Lung: The Journal of Acute and Critical Care, and other scholarly journals. Most of the reference articles were published between 2012 and 2018, with a few from 2007-2011. This is acceptable since the search for this article was conducted in 2019. The references appear to be relevant to the study.

Framework or Theoretical Perspective: The author did not explicitly state the framework being used; however it is most likely a conceptual framework as evidenced by the use of tables for visualization.

Research Objectives, Questions, or Hypotheses: The authors state the objective clearly in the Abstract, “To explore how patients with heart failure perceive their capacity to manage treatment and self-care.” I did not get a clear explanation as to the hypotheses of the authors. I am still unclear on what exactly they thought the outcomes would be.

Variables: Age, sex, marital status, living status, education level, employment, NYHA Class, comorbidities, Aetiology, time since diagnosis.

Setting: Outpatient clinic.

Research Design: The research design was explorative and descriptive.

Treatment: There is no treatment or intervention for this study.

Sample: A purposive sampling strategy was used among the patient population of one nurse-led HF outpatient clinic located in the western Norway (Polit & Beck, 2012). In the clinic, HF patients see their as signed HF nurses for a limited time for up-titration of medical therapy at different time increments: every other week, once a month, every third month or once every 6 months. During the consultations, the nurses consult with a cardiologist for the adjustment of medications (McDonagh et al., 2011). A study nurse screened the patient list at the outpatient clinic including the eligible participants emphasizing the latest HF nurses' journal note in the

medical record according to the New York Heart Association (NYHA) classification. The inclusion criteria were diagnosis of HF confirmed by echocardiography at least 3 months prior, NYHA class II or class III and age of 18–75 years. Patients were excluded if they were unable to speak Norwegian or suffered from cognitive impairment.

Measurement: The data obtained was characteristics of patients, which cannot be measured.

Data Collection: each participant took part in a recorded semi-structured interview in the hospital or a private setting between May–August 2017. The first author, a female nurse trained and with previous experience in the interviewing procedure, conducted all interviews. The interviews lasted for 30–90 min, with a mean time of 55 min. The interviews featured a series of open ended questions adapted from previous studies on capacity and burden of treatment (Eton et al., 2012; May et al., 2014; Sav, Salehi, Mair, & McMillan, 2017) (Table 2: Interview schedule). Demographic information, such as age, education level and marital status, time since diagnosis, NYHA class, device, aetiologies and comorbidities, was collected from the participants and from medical records after the interviews.

Data Analysis: The first author transcribed the audio recordings verbatim. After being checked for accuracy by comparing the transcripts to the audio recordings, the transcripts were stored in the computer software program NVivo 12 (QSR International Pty. Ltd.). NVivo 12 was used to aid data management and to enable a systematic approach to analysis. Data analysis was carried out by the use of systematic text condensation (STC) (Malterud, 2012, 2017). STC consists of 4 phases of analysis. In phase one, the primary goal was to obtain an overview and create preliminary themes. In phase two, the themes and subthemes were generated based on preliminary themes. In phase three, the participants' quotes, as meaning units, were organized in a hierarchical theme structure and condensed. Phase four involved synthesizing the most nuanced themes identified in phases two and three, resulting in the three main themes (see Table 3: Themes and subthemes). A translator proficient in both languages translated the

participants' quotes from Norwegian to English to preserve the patients' voices and the meaning of the content.

Interpretation of Findings: A total of 17 patients were included in this study. The study participants ranged in age from 46–74 years (mean 62 years); 11 were male and six were female. Thirteen of the participants lived with a spouse or partner; the other four lived alone. Findings demonstrate the importance of being in safe hands through the support of trusted health professionals, the care of next of kin and hope provided by peers. Patients and their social network must navigate and coordinate their different and sometimes complex treatment regimens, which, with low capacity, may lead to disruption and poor clinical outcome.

Limitations: This study has some methodological limitations. First, credibility may have been affected, as we did not allow the recipients to check our interpretation of the data. To secure trustworthiness and validity, we used peer checking to avoid bias in the study. However, participants' proof reading of transcripts could have contributed further to the rigour of the data analysis. Second, this study was conducted only in one outpatient clinic in Norway. This may have resulted in the sampling of both the least burdened and the best cared for patients. Therefore, patients not attending outpatient clinics might describe their capacity differently. Out of the 49 eligible patients, only 17 agreed to participate. Patients who declined to participate indicated that they felt overburdened by their disease and had too much on their plate. Consequently, other sig-

nificant findings on capacity may have been prevalent in HF patients not attending outpatient clinics and patients with NYHA class IV. In addition, 11 of the 17 participants were male, which may have caused an unintended gender bias (Affleck, Glass, & Macdonald, 2013). Still, as men are reported to have a higher incidence of HF across all ages (Rosengren & Hauptman, 2008), our study may contribute with important knowledge on male HF patients' experience of capacity. However, to account for gender bias in research, we could have recruited a strategic sample of participants to secure equal representation in the study population.

Conclusions: By investing in improving HF patients' capacity and helping manage their workloads from treatment, HF nurses may promote better experiences of illness, more effective healthcare consumptions and better healthcare outcomes (May et al., 2014). HF nurses should be more aware of their role in HF patients' process of transformation and in the dynamic work of building the capacity for treatment and self-care.

Nursing Implications: Healthcare professionals should focus on
and pay attention to the patients' ability to manage their illness, from
treatment and self-care. Initiating a dialogue with the patients, focusing on both the patients' resources and limitations of their social network capacity, might help patients go through the transformation process and achieve a normalization of the chronic illness. Engaging and helping patients manage the changing dynamic in their capacity for self-care work, acknowledging the natural fluctuations of energy that follows a severe diagnosis and the need for relief and providing help and support from healthcare professionals and others are crucial aspects of health management.

Future Research: They could have recruited a strategic sample of participants to secure equal representation in the study population. They could have recruited HF patients not attending outpatient clinics and patients with NYHA class IV.

Critique Summary: The positives of this article were the format, detail on method of analysis, and accurate information. The negatives are as above in the limitations. I believe this is an interesting article with relevant qualitative information related to heart failure.