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Hope in patients with congestive heart failure

Abstract

Palliative care was for a long time connected with oncology and entire competence concerned the measures of treating symptoms relating to cancer. The most frequent symptoms of congestive heart failure resemble the symptoms in patients diagnosed with cancer and AIDS. They include: dyspnoea (60–88%), pain (63–80%), depression (9–36%), fear (49%), nausea (17–48%), mental disorientation (18–32%) and fatigue (69–82%). The subject of the research was to determine the level of hope in patients with congestive heart failure and compare it to the level of hope present with cardiological patients without heart failure, and healthy people.

Key words: heart failure, hope, palliative care

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Introduction

Palliative care was for a long time connected with oncology. Consequently, the entire competence of this field of medicine concerns the measures of treating symptoms relating to cancer [1]. What may then come as a surprise is that the prognosis in heart failure is not only worse than for most types of cancers, but patients suffer from the same symptoms as those dying of cancer [1]. Lung cancer was the only type of cancer characterised by a higher death rate [2]. The most frequent symptoms of congestive heart failure resemble the symptoms in patients diagnosed with cancer and AIDS. They include: dyspnoea (60–88%), pain (63–80%), depression (9–36%), fear (49%), nausea (17–48%), mental disorientation (18–32%) and fatigue (69–82%) [3].

Psychological problems in patients with congestive heart failure

The problems that patients are contended with are related to both the continuous administering of

medications, although the disease is incurable, and lack of structures that would help them deal with existential and spiritual difficulties that patients experience at the end of life [1]. Their situation additionally deteriorates because of the continuous limitation of activity, as patients function in the confinement of their homes. They experience the loss of independence, ability to act spontaneously, they require assistance in moving around, and their social functioning becomes more and more limited [4].

In the case of heart failure, the burden of disease is very high and increases as the condition progresses. Patients suffer from high physical, functional and emotional stress. Many of them experience very stressful and almost uncontrollable symptoms in their last months or years of life. Furthermore, their needs are inadequately satisfied. What adds to the stress is the lack of adequate information about the disease, loss of autonomy and a decrease in self-esteem, poor coordination or poor continuation of medical care, social isolation and low social support.

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The dying trajectory in congestive heart failure is not as clear as in cancer. Additionally, unlike cancer, this trajectory has not yet been identified [6, 7]. The difficulties with determining the course of heart failure are translated into the complexity of medical care in patients approaching the end of life [1]. It has also been noticed that both patients and doctors underestimate the death rate in heart failure [2].

The significance of hope for such patients and the effect it has on their frame of mind and quality of life are seldom analysed [see: 1, 2]. After all, patients also experience positive emotions, not only negative.

Hope, being a form of the self-preservation mechanism, seems to play the most important role in the attitude towards the disease [8]. It enables looking to the future with optimism or it anticipates all kinds of positive results [9, 10]. In other words, it creates the feeling of inner confidence that a particular thing or desired event will happen. Hope counterbalances fear, anxiety, fatigue, and no doubt, gives a new meaning to human actions. Without hope, there is no intention to fulfil a goal, even if it is most rational [10–12]. One must always confide in a happy coincidence or hope that the darkest scenario will not happen.

The subject of the research was to determine the level of hope in patients with congestive heart failure. In order to visualise the hope concerning this group of patients, it has been additionally compared to the level of hope present with cardiological patients without heart failure, and healthy people. It led to formulating the research thesis: What is the level of hope in patients with congestive heart failure? This thesis was verified in empiric studies.

Material and methods

The research referred to the concept of C. R. Snyder, according to whom, hope is defined as a cognitive condition, based on two interrelating and mutually stimulating types of convictions [11–13]. The first is the conviction that one is able to act: fulfil one's own goals, along with the motivation to pursue them (agency — goal-oriented thinking). The other element concerns thinking about different routes to achieve these goals, and, as a result, perceiving oneself as a capable and resourceful person (pathways — planning the routes to achieve the goals) [ibidem]. The research made use of the Hope Scale created by C.R. Snyder. The Hope Scale has the nature of the Likert Scale. It comprises of 12 statements: four of which enable studying hope in the aspect of thinking about goals and motivation for

their realisation; the next four statements — on the aspect of ways to achieve the goals. The other four statements are buffer statements. In order to take a position on each of those statements, the subject had the opportunity to choose one of four answers (A — definitely not true; B — probably not true; C — probably true; D — definitely true) and enter the answer in the proper space. The result was a sum of points, which determined the hope index. The Hope Scale enabled the hope components to be measured, with a subscale measuring the planning of methods to achieve goals (agency) and a subscale measuring goal orientation (pathways). The available scope of results in the Hope Scale that subjects could reach is 12–32 points, and for each of the subscales, 4–16 points.

Subject groups

It has to be stressed that the basic group of subjects, due to the nature of the research subject, comprised of people with congestive heart failure, 18 people in total. Because of the fact that the results are part of a larger research programme still in progress, they are to be referred to as a report on research. It also translated to the size of the subject group. The results for patients with congestive heart failure have been compared with the results obtained by 60 additionally examined cardiological patients, without heart failure, and 60 healthy persons.

Results

All subjects demonstrated an average level of hope. The highest rate was achieved in patients with congestive heart failure, and the lowest in cardiological patients without heart failure. As can be concluded, healthy persons come right in the middle. The level of hope in patients with congestive heart failure is statistically much higher than the level in cardiological patients without heart failure ($p = 0.01$) (Figure 1).

Therefore, the decision has been made to check whether there are differences between the studied subjects in the scope of hope subscales, namely: Agency -the conviction that one's goals can be realised, along with the motivation to pursue them; goal-oriented thinking, and Pathways — thinking about ways to achieve those goals, and, consequently, perceiving oneself as a capable and resourceful person (planning ways to achieve goals). The results, surprising at first, were obtained through the analysis of the average results for the Agency subscale (accepting the ability to realise goals and being motivated) (Figure 2). It turned

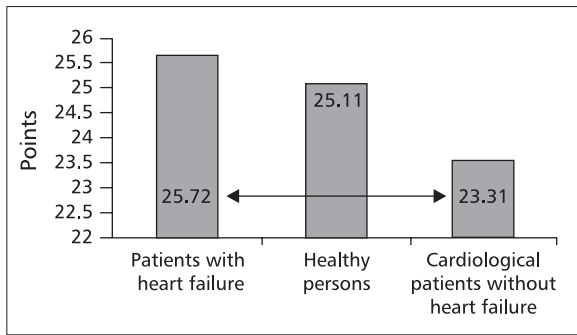


Figure 1. The average level of hope in patients with congestive heart failure, healthy persons and cardiological patients without heart failure

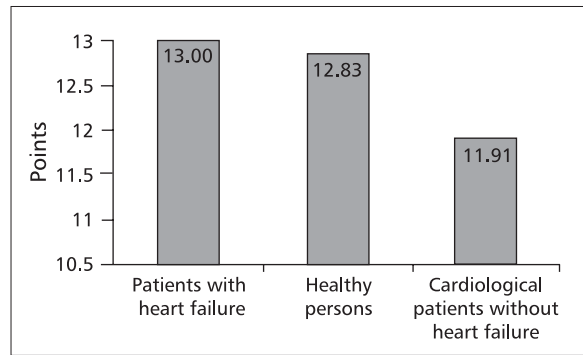


Figure 3. Comparison of the average level of hope in the Pathways subscale obtained by the subjects of the highlighted groups

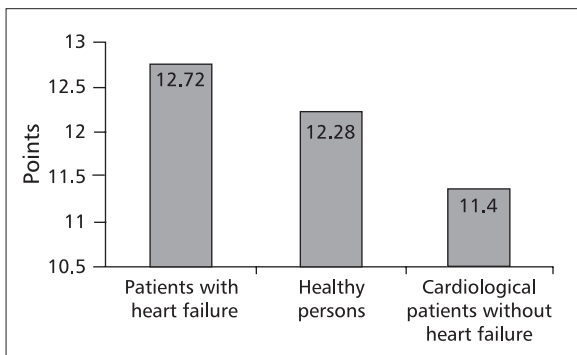


Figure 2. Comparison of the average level of hope in the Agency subscale obtained by the subjects of the highlighted groups

out that patients with congestive heart failure have achieved the highest result in this subscale, which was statistically higher than the result for cardiological patients without heart failure ($p = 0.01$). We can therefore come to the conclusion that patients with congestive heart failure resemble cardiological patients without heart failure in this dimension of hope. As for the differences between the average results in the Pathways subscale (planning ways to achieve the goal and perceiving oneself as a creative and resourceful person), they proved to be statistically insignificant (Figure 3).

Discussion

To sum up, it is to be highlighted that many patients adapt to the changes caused by the progression of heart failure with great flexibility. The nature of hope evolves from the hope to recover, through the hope to maintain the ability to act and fulfil personal goals, to the hope of reaching the end of life in comfort, surrounded by close relatives. The key element in working with patients with con-

gestive heart failure is making use of one of their chief assets — the hope they still have. Healthcare professionals may help to determine goals of medical care and treatment options by asking appropriate questions, for example: “What is now the most important thing to you?”; “What are your goals for the coming weeks/months?”; “What do you hope for when you think of the future?”.

The results obtained demonstrate that patients with congestive heart failure have a strong conviction that they are able to achieve their goals and the motivation to pursue them. However, they do not think about the ways to realise them, or, maybe, they do not have the necessary knowledge to do that. It would be advisable to relate the information gained during the research to other studies carried out on patients from the same group. According to this information, patients with heart failure do not follow the doctor's recommendations and are poor about controlling its symptoms [14, 15]. As research suggests, it may be caused by the fact that they do not understand the information about the disease that they receive [16]. This, in turn, constitutes a great chance for doctors and psychologists, who can join their efforts to work on the convincing the patients that they have the ability and motivation to achieve their goals. It would be a good idea to show patients that following medical recommendations and controlling disease symptoms are two of the most important goals of treatment both to patients and the therapeutic team, as well as to deliver adequate knowledge to patients and their relatives.

Conclusions

1. Patients with heart failure demonstrate the highest level of hope.

2. People with congestive heart failure have a statistically higher level of hope than cardiological patients without heart failure.
3. Patients with congestive heart failure have a higher level of conviction that their goals can be achieved and higher motivation to pursue them than patients without heart failure.
4. There is no significant statistic difference between the subjects in relation to thinking about various ways to achieve goals, and, consequently, perceiving oneself as a capable and resourceful person.

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