Understanding Watson's caring model in the self-management program for chronic heart failure patient:

a literature review

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Date: or-Jun-2013

Outlines

- □Definition of Heart Failure
- □Disease prevalence of chronic heart failure
- □Introduction of Watson's caring model
- ☐ Literature review
- □ Literature searching strategy & selection criteria
- Results: Program applying carative factors
 - □Limitation on current care
 - ■Suggestion
- ■Conclusion

Definition of Heart Failure

- Heart failure (HF) is a complex clinical syndrome that can result from any structural or functional cardiac disorder that impairs the ability of the ventricle to fill with or eject blood.
- The cardinal manifestations of HF are dyspnea and fatigue, which may limit exercise tolerance, and fluid retention, which may lead to pulmonary congestion and peripheral edema. (ACC/AHA, 2005)

Disease prevalence of chronic heart failure

- United states prevalence of disease
 - A 2010 update from the American Heart Association (AHA) estimated that there were 5.8 million people with HF in the United States in 2006(Lloyd-Jones D,2006).
 - There are an estimated 23 million people with HF worldwide. There has been an increase in the prevalence of HF in the population over time. (Lloyd-Jones D,2006)

- Asian Chinese prevalence
 - prevalence of HF in India is 1.3–4.6 million with an annual incidence of 0.5–1.8 million.
 - Jiang and Ge reported that in China, the HF prevalence rate among the general population was 0.9%. (Sheldon Lee,2012)
- Hong Kong prevalence
 - The incidence rate is 3–3.8/1000/year rising to 20/1000/year in women over the age of 85 years.
 - And in Hong Kong there has been a 10% annual increase in hospital admissions over the past five years.
 (J E Sanderson, T-f Tse,2003)

- Macau prevalence
 - Unknown
 - ?

Why we need Heart failure Self-management program ???

• Studies have shown that patient knowledge of heart failure is often poor, including awareness of the importance of compliance and of self-management strategies to optimise control of the condition. (S.P. Wright,2002)

Heart failure disease-management

- Self-management is defined as an active cognitive process undertaken by the patient to manage their heart failure (S.P. Wright,2002)
- Heart failure disease-management interventions appear effective in reducing rehospitalizations and improving quality of life. (Darren A DeWalt, 2006)

Heart failure disease-management

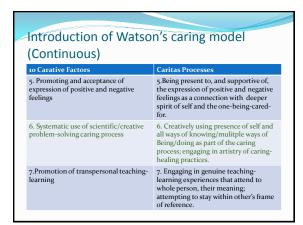
 Typically the adoption of practices such as self weighing and monitoring of symptoms, and the interpretation of changes in weight and symptoms (S.P. Wright,2002)

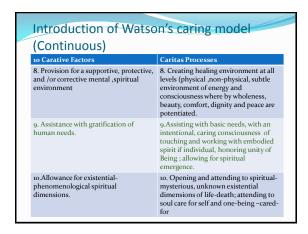
Introduction of Watson's caring model

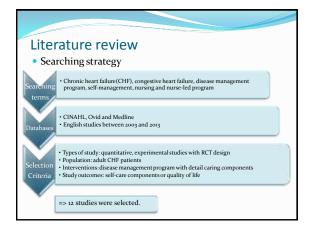
 Watson's caring model provides a framework central to human phenomena which integrating art, science, humanities, spirituality, and mindbody-spirit medicine into nursing practice.

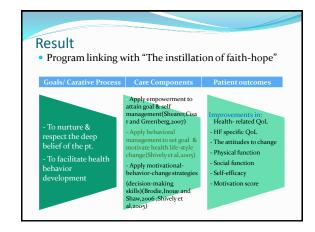
(Kathleen, 2011; Watson, 1994; Watson, 2007)

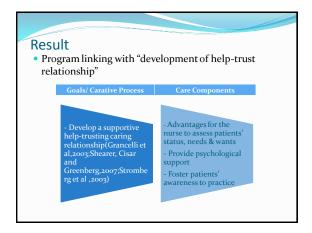
Introduction of Watson's caring model (Continuous) o Carative Factors Caritas Processes Practicing loving-kindness & equanimity for self and other 1. Humanisitc- altruistic values 2. Instilling/enabling faith & hope 2. Being authentically present to/enabling/ sustaining deep belief system and subjective world of self/other 3. Cultivation of sensitivity to one's self 3. Cultivating of one's own spiritual and other practices; deepening self-awareness, going beyond "ego self" 4. Development of helping-trusting, 4. Developing and sustaining a helpinghuman caring relationship trusting, authentic caring relations

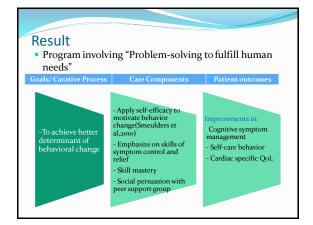


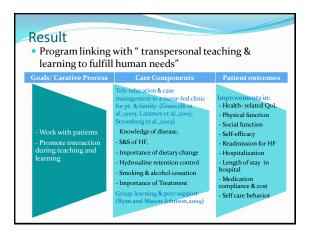


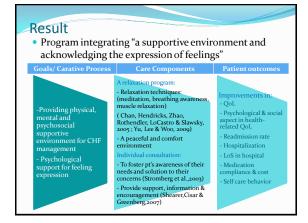












Limitation on current care

- Spiritual aspect was not highlighted in the reviewed program.
- Patient with HF concerned spiritual care was important and expressed needs for love, meaning, purpose and sometimes transcendence whoever held religious or not. (Murracy, Kendall, Boyd, Worth, & Benton, 2004)

Suggestion

Further chronic heart failure program should include spiritual care as a care component.

Conclusion (continuous)

· Program outcomes for CHF readmission rates, hospitalization, length of stay, survival rate, self-care behavior, medication compliance, symptom management, quality of life, cardiac specific quality of life and medication cost-effectiveness were found improvements.

Conclusion (continuous)

 Nurses whose practice is guided by the theory based intervention are able to enhance the awareness of the comprehensive caring elements in their clinical practice. Ideally, carative factors application would help to facilitate the greatest degree of blessing, achievements and longevity for the CHF patient.

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