Institut für Allgemeinmedizin



Projekttitel

A meta-synthesis of qualitative studies exploring barriers and facilitators to selfcare recommendations in heart failure patients: Towards developing an evidence-based complex intervention to reduce hospital (re-)admissions

Forschungsbereich

Health Services Research

Studientyp, Design

Systematic Review and Qualitative Meta-Synthesis

BACKGROUND

Heart failure (HF) is a serious debilitating clinical syndrome that occurs when the pump action of the heart is unable to meet the body's metabolic demands. There are an estimated 23 million people with HF worldwide. In 2006, the German Federal Office of Statistics reported 317.000 cases of HF requiring hospitalization. The cost of illness caused by HF is estimated at 2.9 billion Euros. Despite improvements in treatment, international studies report that HF frequently requires admission to hospital. Many of the costs are attributed to hospitalization. The majority of hospital visits could be prevented if more attention was placed on self-care. Despite international evidence supporting the positive outcomes related to HF self-care, patients frequently fail to adhere. Developing appropriate interventions to improve self-care is a key area for future research. Given the complexity of increasing adherence to HF self-care, a systematic synthesis of qualitative studies would enable researchers, practitioners and policy makers to benefit from the drawing together of a large body of qualitative research in this area which could result in the development of new interventions.

STUDY AIM

Projektbeschreibung

The study aims to systematically review and synthesize multiple qualitative studies of barriers and facilitators to heart failure self-care recommendations in order to develop a robust theoretical and empirical basis for designing prospective, 'patient-centered', evidence-based interventions as recommended in the Medical Research Council (MRC) framework.

METHOD

The proposed meta-synthesis of qualitative studies will integrate and summarize the evidence that exists on barriers and facilitators to HF self-care. The specific approach I have chosen for conducting the meta-synthesis is based on a frame of reference published in a series of articles by Sandelowski and Barroso.

Search methods

A highly sensitive search strategy consisting of terms pertinent to heart failure, barriers/facilitators, qualitative research and self-care or synonyms hereof will be developed. Six databases will be searched during the review: Medline, Embase, CINAHL, ASSIA, SSCI and PsycINFO. This will ensure that literature identified will reflect the relevant health, social, psychological and educational dimensions of the review.

Study criteria & selection

Once a list of potential studies has been identified two members of the team will independently read all titles and abstracts in order to filter initial studies prior to obtaining a full text copy. The two team members will then independently examine full-text copies of all selected papers for eligibility; when

| | Classifying the qualitative findings Sandelowski and Barroso [49] developed the 'Typology of qualitative findings' which will be used to discern similarities and differences between sets of findings irrespective of the stated methodological orientation in the original publication. Data extraction Data extraction will focus predominantly on the concepts and themes identified within the papers ensuring detailed definition of each and their variation within the study sample. Data synthesis Data from all studies will be synthesized using the approaches described by Sandelowski & Barroso. The data synthesis will be informed by an underlying ecological model that has been developed for the identification of barriers and facilitators to healthful eating in an obese population. | |
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| | Envisaged future follow-up studies Based on the findings of this qualitative meta-synthesis (Stage 1), a step-wise approach has been suggested to fully develop an evidence-based complex intervention with the aim of enhancing self-care recommendations in heart failure patients to reduce hospital (re-)admissions. | |
| Projektleitung | Dr Oliver Rudolf Herber | |
| Ansprechpartner / | Dr Oliver Rudolf Herber | |
| Kontakt | Oliver.Herber@med.uni-duesseldorf.de | |
| Projektbeteiligte | Dr Bettina Bücker (post-doc) Institute of General Practice (ifam) Heinrich-Heine-University Düsseldorf | |
| Kooperation | Internal: • Professor Bernd Richter (Cochrane Group) | Supervision: Professor Stefan Wilm, Heinrich-Heine-University Düssel- |
| | Professor Julie Barroso (Medical University of South Carolina, College of Nursing, Charleston SC, USA) | dorf Professor Julie Barroso (Medi- cal University of South Caroli- na, College of Nursing, Charles- ton SC, USA) |
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