

**Title:** Care-seeking decisions for worsening symptoms in Heart Failure: a qualitative metasynthesis

**Authors:** Ilynnian, S.E., DiGiacomo, M., Jha, S., Crossley, C., Newton, P.J.

**Affiliation:** Centre for Cardiovascular and Chronic Care, Faculty of Health, University of Technology Sydney, Broadway, NSW 2007

**Purpose:** Over 50% of heart failure (HF) patients delay seeking help for worsening symptoms until these reach acute levels and require emergency hospitalisation. This metasynthesis aimed to identify and explore factors influencing timely care-seeking in patients with HF.

**Methods:** Electronic databases searched were Medline, EMBASE and CINAHL. Studies were included if they were peer reviewed journal articles written in English and reported perspectives of HF patients following qualitative data collection and analysis. Forty articles underwent analysis following the approach of Thomas and Harden. Leventhal's self-regulatory model (SRM) was used to organise the literature.

### **Results**

Much of the literature fit within the SRM, however this model did not account for all factors that influence patients' care-seeking for worsening symptoms. Factors not accounted for included patients' appraisals of previous care-seeking experiences, perceived system and provider barriers to accessing care, and the influence of external appraisals. When added to factors already represented in the model, such as misattribution of symptoms, not identifying with HF diagnosis, cognitive status, lack of understanding information provided, adaptation to symptoms, and emotional responses, a more comprehensive account of patients' decision-making was revealed.

### **Implications**

This metasynthesis identified factors, as yet unaccounted for, in a prominent model, and has suggested a more comprehensive framework for addressing care-seeking in HF patients. This information can be used to tailor education, communication, and service initiatives to improve HF patients' responses to worsening symptoms.