Qualitative Research on Female Patients with Congestive Heart Failure

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Abstract

This paper is a group critique of a qualitative nursing study entitled “Female patients with congestive heart failure: how they conceive their life situation”, by Martensson, Karlsson, and Fridlund, as published in 1998. The primary purpose of the study was to describe from a nursing perspective how female patients with congestive heart failure (CHF) perceive, or conceive, their own situation in daily living, and the various coping mechanisms they use to function and manage this chronic disease. In exploring these factors, it was an attempt to find out if these various feelings and perceptions affected outcomes in regards to management. This study used the qualitative method of phenomenography in an attempt to study in-depth the perceptions of a select group of 12 women aged 65-85, regarding the chronic and malignant condition of CHF. In conclusion of their findings, patterns of responses revealed five distinct categories. Martensson, Karlsson, & Fridlund (1998) identified important nursing interventions included the following: instilling hope and confidence in these patients, encouraging verbalization of feelings as well as goal setting within realistic boundaries. These increased the patient’s and their family’s knowledge about CHF, focusing on empowerment and self-care. This ultimately would decrease the incidence of re-admission to the hospital setting and provide longer durations between hospitalizations.
Qualitative Critique of Female Patients with Congestive Heart Failure

The qualitative study used in this critique is “Female Patients with Congestive Heart Failure: how they conceive their Life Situation” by Martensson, Karlsson, & Fridlund, 1998. The problem of the study is the issue of CHF in women, and more specifically, how they perceive this disease affects their life and well-being.

The study design used qualitative study parameters, sample size, and setting in which data was collected from the study subjects. Data collection methods are critiqued and evaluated to ascertain whether it was appropriate for this particular study and whether ethical and professional guidelines were adhered to. An evaluation of data analysis procedures was done which involved looking for consistency with the qualitative design and method of phenomenography and patterns. Various strengths and limitations of this study are explored, and the validity of the results was examined. The practicality, usefulness and how this can be further expanded upon for further nursing research.

Problem Identification and Resolution

(Martensson, et al., 1998) studied “Female patients with congestive heart failure: how they conceive their life situation”, to research the mindsets and feelings of women with CHF and to determine if these made a difference in outcomes. The problem is important for nursing because “CHF is a significant health problem for women, particularly elderly women” (Martensson, et al., 1998, p. 1217). The authors also noted there was a sense of limitation regarding work capacity, being able to support those in their surroundings causing anxiety and insecurity about themselves and their environment. This resulted in feelings of worthlessness concerning their own capacity and they felt they were a burden to those around them. Through nursing intervention, these patients received help to break this vicious cycle of feeling limited and
powerless. More data suggests that “event rates after the diagnosis of congestive heart failure are in fact higher in women than men” (Martensson, et al., 1998).

Martensson, et al., (1998) addressed from a nurse’s perspective, how female patients with CHF conceived their overall situation in life and how this leads to the need for adequate, effective education and information. This will “enable them to make decisions and be able to plan for the future” (p. 1217). This was an important study for these reasons that addressed the problem of how these women perceived their lives; interventions can be critical in empowering patients with maximum well-being and management of a chronic disease.

**Study Purpose**

The purpose of a study gives meaning and solutions to problems. “The problem or research question and the purpose of the study frequently are seen as synonymous. These two aspects of a study are really quite different. The problem statement of a study contains what will be examined by the researcher, or the content of the study, whereas the purpose statement of the study contains why the study will be conducted” (Nieswiadomy, 2008, p. 77).

The purpose of this study was to help women with heart failure feel as if they have worth, and that they are not a burden to others. The study was conducted since there was little information at all regarding female CHF patients’ thoughts or viewpoints of their disease, and how this affected their lives. There was little information regarding CHF patient’s thoughts or viewpoints of their disease and how it affected their lives. Other studies founded included men and no women.

As the purpose was stated, “it is important for the nurse to be able to help the patient achieve a sense of control over their life situation” so that the patient is not overwhelmed by feelings of loss of control, and powerlessness (Martensson, et al., 1998, p. 1222). The authors
further concluded that increased knowledge of this disease, empowered them with self-care strategies and management, will help women with CHF to maintain a hope, a self esteem, competence, and control, promoting well-being in this population (Martensson, 1998).

The Problem the Study was Conducted to Resolve

Martensson, et al., (1998) studied “Female Patients with Congestive Heart Failure: how they conceive their Life Situation”, in order to research the mindsets and feelings of women with congestive heart failure, and to determine if this made a difference in outcomes. This problem is an important one for nursing because “CHF is a significant health problem for women, particularly elderly women” (Martensson, et al., 1998). The authors also note there is: a sense of limitation regarding work capacity and being able to support those in their surroundings causes patients with CHF to experience anxiety due to feeling insecure about themselves and in relation to their surroundings. This may result in feelings of worthlessness in women with CHF, both concerning their own capacity and the fact that they feel they are a burden to those around them. Through nursing intervention, these patients can receive help to break this vicious circle of feeling limited and powerless (p. 1287).

In addition, the authors state that more recent data suggests that “event rates after the diagnosis of congestive heart failure are in fact higher in women than men” (1998). Martensson, Karlsson, & Fridlund address how, from a nurse’s perspective, female patients with CHF conceive their overall situation in life, and how this leads to the need for adequate and effective education and information. This in fact will “enable them to make decisions and be able to plan for the future” (p. 1217). For these reasons, this is an important study to address the problem of how these women perceive their life, as interventions can be critical in empowering patients with maximum well-being and management of a chronic disease.
Purpose of the Study

The purpose of a study gives meaning and solutions to problems. According to Nieswiadomy, (2008): The problem or research question and the purpose of the study frequently are seen as synonymous. These two aspects of a study are really quite different. The problem statement of a study contains what will be examined by the researcher, or the content of the study, whereas the purpose statement of the study contains why the study will be conducted. (p. 77)

Overall, this study is conducted since there was little information at all regarding CHF patients’ thoughts or viewpoints of their disease, and how this affected their lives, from a nursing perspective. Even after literature reviews, the only study found included men in the study, and no women. The purpose of this study was to help women with heart failure feel as if they have worth, and that they are not a burden to others. As the purpose is stated, “it is important for the nurse to be able to help the patient achieve a sense of control over their life situation” so that the patient is not overwhelmed by feelings of loss of control, and powerlessness (Martensson, et al., 1998). The authors further conclude that increasing the knowledge of this disease, empowering them with self-care strategies and management, will help women with CHF to “maintain a hopeful perspective” and a “sense of control, competence, and self-esteem”, promoting well-being in this population (p. 1222).

Research Question

There was no specific stated research question stated in this article. However, there were research questions implied within the context of the study itself. Based on the content and summarization, the question could be formulated as “When nurses know how women with heart failure conceive their illness, is it possible to intervene and make a positive impact on their self
esteem, competence, perspective, and sense of control? In doing this is it possible to reduce the rate of readmissions and increase the interval between admissions?” These questions are broad enough for a qualitative study because it has many facets to it. These questions offer the researcher many opportunities to realize the subjective meaning of the experience to these female patients. Furthermore, because the disease is so prevalent, the researcher would not need to look far for information to complete the study. The study asks a broad set of in-depth questions to the patients in order to explore this in a qualitative, deep and meaningful way, addressing many holistic factors of health perception as it relates to well-being and health promotion.

**Study Design**

The qualitative method used in the study “Female patients with congestive heart failure: how they conceive their life situation” is the phenomenographic design (Martensson, et al., 1998). The phenomenographic design is an inductive method, which uses the process of observation to develop conclusions (Nieswiadomy, 2008). Phenomenography relies on the patient’s experience of an event, which is known as a second-order perspective (Martensson, et al., 1998). Phenomenography begins with the differing ways that the patient’s experience a situation or how the individual perceives or interprets the experience or event.

This study technique was valid as it focused on a group of females and their personal experiences of living with CHF (Martensson, et al., 1998). This study’s objective was to seek the personal description and understanding of the subject’s experiences of living with CHF.

Phenomenography is differentiated from phenomenology by its focus on how people conceive experiences rather than what they experience (Martensson, et al., 1998). Other qualitative designs such as ethnography and grounded theory are more culture related and no appropriate in the setting. Phenomenography is an open, unbiased approach with no
preconceptions. Rather, conceptions as they are implied include the “unreflected basis which is created by experience and on which opinions are based” (Martenssen et al., p. 1218).

Subjects and Setting

The research subjects who were included in the study were selected by using a strategic selection process (Martensson, et al., 1998). Nieswiadomy (2008), notes this is a type of purposive sampling in which the researchers have “enough knowledge about the population of interest to select specific subjects for the study” (p. 199). Research subjects are sought out so the researchers can be assured of eliciting data that will be pertinent to the subject they are studying. Sample sizes in qualitative studies are small. Therefore, it is even more essential that the research subjects are chosen with care (Nieswiadomy, 2008).

This study sought to describe how “female patients suffering from CHF conceive their life situation” (Martensson, et al., 1998, p.1218). There were 12 research subjects included and after analysis of the data of 9-10 of the subjects, saturation of the concepts was realized (Martensson, et al., 1998). The study was limited to female participants to avoid any possible differences in gender related conceptions. Once the information becomes repetitive or saturated, there is no reason to interview more people. Nieswiadomy (2008), reiterates that the “quality of information obtained from each respondent is more important than the amount of data obtained” (p. 61).

The research participants in the Martensson, et al., study (1998) were patients at a medical clinic in Sweden and were asked to participate. They were sent home after being asked with a written explanation and given one week to decide whether they would participate. Participation was voluntary and withdrawal at any time was allowed. The ethics committee at Linkoping University reviewed the study, which was a very important component of a study to ensure patients rights and safety. Participant’s individual homes were the intended place of all the
interviews, however one participant who was interviewed in the hospital setting. The appropriateness of the interviews being held at the participant’s individual homes allowed each participant to be in her own environment and discuss her feelings and perceptions about living with CHF.

Data Collection Methods

The data collection procedures used were consistent with the purpose of the qualitative approach as the aim of the study was to focus on how female patients suffering from CHF conceive their life situation. According to Martensson, et al., (1998), “qualitative approach or phenomenography was used in order to ascertain the qualitative variations in how the participants conceived their life situation” (p. 1218) by expression of answers to the questions asked.

Interviews

Interviewing is the most common type of data-collection method used in qualitative studies such as used in this one. Interviews can take place in face-to-face encounters or over the telephone. Qualitative research methods also use the “phenomenographic approach, which consists of open, semi-structured interviews that constitute the basis for gathering data (Martensson, et al., 1998, p. 1219). Considering the intention of this study was to describe how phenomena in the environment are conceived, it was appropriate to utilize a method in which the interview was the essential ingredient. It was appropriately used for data collection, via interviews in the patients’ own homes with the exception of one interview, held in a hospital visitation room. According to Martensson, et al., (1998) this type of data collection continues to use the phenomenographic process, considered to be “highly applicable when the goal has been reached and the results have led to categories which describe different conceptions” (p. 1219)
and was utilized in this study.

**Rights of Subjects**

Appropriate measures were taken to protect the rights of the subjects. Permission for the study was granted from the Committee for Ethics in Medical Investigations to ensure the study was done under ethical conduct. The subjects were asked to participate during a visit to the medical clinic of a county hospital. The subjects were approached and the study was explained. Martensson, et al., (1998), explained that a “written explanation was also given to each potential participant” (p. 1218). These individuals were contacted one week later, “giving them time to consider whether or not they wanted to participate. Participation was voluntary; the patient could withdraw from the study at any time” (p. 1218). This describes an informed consent process where the participants have a full understanding of the study including purpose, selection process, risks, benefits, compensation and the right to refuse to participate or to withdraw from study without penalty.

**Data Saturation**

Data saturation applies to a situation in which data has been previously stated. Without an adequate amount of interviews for the purpose of research, the findings may be skewed by personal nuances or personal characteristics associated with the interviewees. Once the researcher has found that further interviews are not adding to findings or duplicating information in previous interviews, there is no need to continue interviewing people. In the Martensson, et al., (1998) research article, “the study group was restricted to 12 female patients because of potential gender differences” (p. 1218). The 12 female patients with CHF that were interviewed were between the ages of 65 and 83, there was a range of 2-24 months between diagnosis and interview. Etiology of the disease varied among individuals. The educational and socioeconomic
status was also varied among the patients. This evidence supports the achievement and purpose of data saturation by providing adequate interviewees among varied backgrounds. As per stated in the article “a saturation of the conceptions was reached before all interviews had been completed, which increases the plausibility of the results (p. 1220). To ensure an extensive selection, patients were included using strategic selection.

**Data Analysis Procedures**

When using phenomenological approach, it examines the human experience provided by the people involved (Nieswiadomy, 2008). It does not start with pre-conceived categories, but develops them as the study progresses based on the responses received. The responses to the Martensson, et al., (1998), study was transcribed verbatim and then analyzed numerous times to obtain the overall impression. By using these interviews, statements that described conceptions were gathered. It took 9-10 interviews of the 493 statements to determine a saturation of concepts, or a repetitive theme with no new information being received. Continued similarities and differences were noted and grouped into patterns to picture how these could be connected. These patterns were closely scrutinized and it was found that new formulations and categories were needed to fully describe the conception. It resulted in five categories, overseen by an experienced researcher as an additional evaluator.

The data analysis procedure followed the phenomenological research design closely. Subjects gave their consent to be involved in the study. There were a limited number of subjects. The participants in the study lived the experience. They were asked to describe their experiences in writing and by interview. The responses were carefully looked at and thoughtfully considered. Themes and patterns were determined, as data collection and analysis occurred simultaneously. The participants were informed of the results of the study when the compiling was complete.
Major Strengths and Limitations

Major Strengths

The strength of this study was that the views of the participants did indicate the same concerns and worries. The researchers were able to determine a saturation of findings with a limited number of interviews, resulting in an observable pattern of similarities of experiences and feelings. It would be difficult to draw these conclusions if a larger number of subjects were used. Respect and dignity of the subjects were maintained when asking for their participation, interviews, the storing of the data and presentation of the results. The analysis of the data was done by a limited number of researchers. They transcribed the text after each interview. This would minimize errors in interpretation of the data and decrease the possibility of researcher input or bias on the results.

Major Limitations

It would have been impractical to use large numbers of participants in obtaining data. The extent of the results may be questionable with so many samples of data. More categories would have been developed which could have undermined the results. It would have been difficult to determine the individual’s compliance with the teaching information given. Factors such as fatigue, family involvement and social interactions are unpredictable. It was expected that the patient’s would participate in self-monitoring, aiming for increased understanding of the disease, a role in symptom control and decreased uncertainty and anxiety.

Study Validity

The study found that the women involved were more concerned about their daily life activities and not about the future in terms of their illness. They wanted to be able to care for themselves, their home and families and not be a burden to anyone.
In the typical relatively short hospital stay, nurses can help patients by encouraging them to talk about their feelings, setting realistic goals and expectations. Nurses can assist patients in acquiring knowledge of their disease, including family and support education. With these nursing interventions implemented, patients can be empowered to maintain a hopeful outlook and manage the disease process, thereby diminishing fear and powerlessness. This would extend to the post-hospital experience, leading to effective management of symptoms in the home environment. This would eventually decrease the number of re-admissions to the hospital and lengthen the time between hospitalizations.
References
