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Self-acceptance among patients with heart failure

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Abstract

Background: Heart failure is a clinical syndrome disease that is very vulnerable to death. This condition will affect the patient's self-acceptance. Patients with heart failure will find it challenging to go about their daily lives, often feeling anxious, tense, depressed, and unable to control their own emotions.

Purpose : To identify self-acceptance among patients with heart failure.

Method: A descriptive quantitative research design was used in this study involving a sample of 294 patients. The technique used to take samples uses purposive techniques. Researchers have set inclusion criteria in patients with NYHA functional class I-III. The study did not include patients with a history of congenital heart disease. The AIS (acceptance of illness) instrument consisting of 8 questions was used in the study to determine the patient's self-acceptance.

Results: The study in heart failure patients showed that 77.9% of the 294 respondents showed high self-acceptance, while low self-acceptance amounted to 22.1%.

Conclusion: The analysis's results suggest that most patients with heart failure have high self-acceptance.

Keywords: Heart Failure; Patients; Quality of Life; Self-Acceptance.

INTRODUCTION

Heart failure (HF) is a chronic and progressive clinical syndrome caused by structural or functional heart disease that is characterized by reduced or preserved left ventricular ejection fraction (Ponikowski, Voors, Anker, Bueno, Cleland, Coats, Falk, González-Juanatey, Harjola, Jankowska, Jessup, Linde, Nihoyannopoulos, Parissis, Pieske, Riley, Rosano, Ruilope, Ruschitzk, & Davies, 2016). When the heart cannot pump the blood enough to meet the needs of cells and organs, heart failure can occur (Lumi, Joseph, & Polii 2021). Damage to the heart, or myocardium, is the first sign of heart failure. Cardiac output will decrease as a result of this injury. The heart will provide compensatory mechanisms to maintain its function so that it can pump blood effectively when the body's cardiac output is not sufficient to meet its metabolic needs. Therefore, the

most significant health problem is heart failure which can have an impact on the decline in poor quality of life (Mizukawa, Moriyama, Yamamoto, Rahman, Naka, Kitagawa, Kobayashi, Oda, Yasunobu, Tomiyama, Morishima, Matsuda, & Kihara, 2019).

Heart failure sufferers will find it difficult to live their daily lives, this condition also often makes them feel anxious, tense, depressed, and unable to control their own emotions (Nursita & Pratiwi, 2020). As a result of heart failure, sufferers will experience anxiety, difficulty sleeping, depression, and despair (Ashari, 2018). This condition will affect how someone with heart failure accepts their changes. When someone understands their characteristics and can live adapting to their circumstances, it is called self-acceptance. Someone who can accept themselves including their thoughts, heart, feelings,

and behavior as well as their appearance (Gamayanti, 2016).

Given HF's rising prevalence and chronic nature, quality of life (QoL) should get special consideration in those who are impacted by the illness (Jaarsma, Beattie, Ryder, Rutten, McDonagh, Mohacsi, & McMurray, 2009). Chronic heart failure patients can feel dismal and powerless, which impairs their capacity for self-care (Yu, Lee, Kwong, Thompson, & Woo, 2008). Therefore, one of the main goals of HF treatment should be to improve quality of life, in accordance with the criteria set forth by the European Society of Cardiology (ESC).

The process of accepting illness is complicated and influenced by many elements, including the way a disease manifests, the accessibility and calibre of its treatment, personal characteristics (such as temperament, emotions, stress, coping mechanisms, etc.), the support of family members and other close relatives, and socioeconomic standing. Since acceptance of illness is a balance between vulnerability and resistance to a disease, it is a necessary condition for effectively managing the latter's effects and a significant factor in determining quality of life (Lewko, Polityńska, Kochanowicz, Zarzycki, Okruszko, Sierakowska, & Kowalczyk, 2007). Assessing the quality of life that HF patients perceive allows one to identify certain issues that are specific to this illness and to carry out a suitable, tailored solution. One's level of activity or quality of life is influenced by their self-acceptance of their health situation (Rolka, Pilecka, Kowalewska, Krajewska-Kulak, Jankowiak, Klimaszewska, & Kowalczyk, 2012; Kurpas, Mroczek, Knap-Czechowska, Bielska, Nitsch-Osuch, Kassolik, & Steciwko, 2013). Identifying disease-inherent restrictions in different areas of life is made possible by analysing the relationship between the quality of life (QoL) and acceptance of illness displayed by people with chronic illnesses. By lowering the unpleasant feelings connected to a sickness and its treatment, acceptance of illness lowers psychological discomfort (Lewko, Polityńska, Kochanowicz,

Zarzycki, Okruszko, Sierakowska, & Kowalczyk, 2007). Additionally, better self-care and medication compliance are the outcomes of a high degree of acceptance of illness.

The best of our knowledge, no prior study examined the association between acceptance of sickness and quality of life for people with chronic heart failure. Numerous writers have examined acceptance of illness among patients with a variety of disorders. Therefore, it can be defined as the process by which a person accepts himself and his actions. Successful self-acceptance can be defined as the ability to acknowledge and appreciate one's talents and faults. Therefore, the above research review makes it important to understand how patients with heart failure.

RESEARCH METHOD

A descriptive quantitative research design was used in this study, data were taken in June - August 2024 involving a sample of 294 people. The population of patients with heart failure was involved in the study using a purposive technique. Variables include a description of self-acceptance among patients with heart failure. Patients with NYHA functional class I-III are included in the inclusion criteria set by the researcher. Patients with a history of congenital heart disease were not involved in the study. Respondents who were willing to sign the informed consent after being explained the advantages and disadvantages of participating in the study. Subjects who were unwilling to sign the informed consent were not involved in the study. The research ethics committee of the Faculty of Medicine, Sebelas Maret University has tested the feasibility of the study, document number 168 / UN27.06.11 / KEP / EC / 2024.

The AIS (acceptance of illness) instrument consists of 8 questions used in the study to determine patient self-acceptance. A sample of 294 respondents involved was taken using a purposive technique. Univariate data analysis was used to identify the characteristics of respondents.

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RESEARCH RESULTS

Table. Characteristics of the Respondents (N=294)

Variables	Results
Age (Mean$\pm$SD)(Range)(Year)	(63.74 $\pm$ 1.506)(32-79)
Age (n/%)	
30-40 Years	7/2.4
41-50 Years	88/29.9
51-60 Years	152/51.7
61-70 Years	38/12.8
71-80 Years	9/3.2
Gender (n/%)	
Male	189/64.3
Female	105/35.7
Education Levels (n/%)	
Junior High School	21/7.1
High School	128/43.5
Diploma	33/11.2
Bachelor	112/38.2
Employment Status (n/%)	
Civil Servant	62/21.1
Retired	22/7.4
Housewife	34/11.5
Self-Employed	176/60.0
Duration of Illness (n/%)	
<1 Years	45/15.3
1-3 Years	165/56.1
>3 Years	84/28.6
Take Medication Regularly (n/%)	
No	33/11.2
Yes	261/88.8
Self Acceptance (n/%)	
Low	65/22.1
High	229/77.9

Table. shows characteristics of participants with a mean age and standard deviation (63.74 $\pm$ 1.506) ranging from 32-79 years old. The majority of subjects were male. Male with a total of 189 respondents (64.3%). The largest number of heart

failure sufferers were in the 51-60 years age group with a total of 152 people (51.7%). The largest number of subjects had a high school education, namely 128 (43.5%). The largest number of occupational subjects were self-employed 176

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(60.0%). The largest number of subjects had been ill for 1-3 years with a total of 165 (56.1%). The largest number of subjects in treatment were routinely undergoing treatment with a total of 261 (88.8%). Overview the most self-acceptance among patients with heart failure was high, namely, 229 respondents (77.9%), while 65 respondents (22.1%) had low self-acceptance.

DISCUSSION

The results of this study indicate that the characteristics of heart failure sufferers are mostly male with a total of 189 respondents (64.3%) compared to female 105 respondents (35.7%). Previous studies have suggested that it is more likely to occur in men and can attack earlier in life than in women because the majority do not want to change their smoking and alcohol consumption habits (Anindia & Rizkifani, 2019). Other studies also suggest the same thing, that men are more likely to suffer from cardiovascular disease than women (Nursita & Pratiwi, 2020).

Based on the researcher's findings, the average among patients with heart failure in the age range of 51-60 years was 152 respondents (51.7%) and the least was 30-40 years old as many as 7 respondents (2.4%). This is by previous research which stated that heart failure sufferers very often occur in adulthood, where the age of the productive period has begun to decline (Dwiyanti, 2019). The risk of heart failure often occurs at the age of 51-60 because they rarely do a healthy lifestyle, especially exercise (Ismail & Bukhari, 2021).

The results of the study found that the highest education was high school with 128 respondents (43.5%). Previous research stated that there is a relationship between disease awareness and education level (Kristinawati & Khasanah, 2019). This finding is also in line with previous research that for someone who has a higher education, the knowledge that can be given to patients is also higher and the family has a different role in making the patient feel safe, and comfortable to exercise and increase life expectancy, and the family can provide informational, assessment, instrumental and emotional support roles (Park, Lee, Jeong, Jeong, & Go 2018).

In this study, it was found that most respondents worked as self-employed with a total of 164 respondents (55.8%). This is not in line with research which states that the majority of heart failure sufferers are housewives or choose not to work (Hardiyana & Kristinawati 2023). Meanwhile, other studies state that men who are active in working have a 10% higher risk of heart failure, women who are active in working also have a 20% greater risk than men (Other research states that profession and income have a positive and meaningful impact on a person's life (Kosim, 2015).

In this study, it was found that most respondents suffered from heart failure for 1-3 years, as many as 165 respondents (56.1%). Previous studies have stated that the presentation of the longest diagnosis of heart failure sufferers is 1-5 years, as is by the findings made by researchers (Safetyka & Kristinawati 2019).

This study found that most respondents underwent routine treatment with a total of 261 respondents (88.8%). This study is in line with previous studies which stated that most patients 50-60% underwent routine treatment and as many as 5-10% of patients did not undergo routine treatment (Novayellinda, 2014). Other research findings stated that more patients did not undergo regular treatment, namely 81.5%, so this study was not in line with the researcher's findings (Widagdo, Karim, & Novayellinda 2015).

In this study, it was found that the picture of self-acceptance in heart failure patients was categorized as high with a total of 229 (77.9%). Research on the topic of self-acceptance in heart failure patients has not been widely conducted, but there is research that has been conducted on self-acceptance in kidney failure patients who carry out fluid restrictions. Research on kidney failure patients states that self-acceptance in patients with kidney failure is classified as good (Khumaeroh, Sukmarini, & Masfuri 2023).). To achieve long-term well-being, people with heart failure must strive to manage unpleasant and painful conditions well. Therefore, a person needs to go through the phases of denial, bargaining, and depression before reaching self-acceptance (Morin, 2018). Self-acceptance is influenced by social support which is expected to

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help sufferers control themselves very well (Noviana & Zahra, 2022).

Prior research on quality of life (QoL) in heart failure patients demonstrated that this metric is influenced not only by the disease's stage and symptom intensity, but also by social, physical, and psychological aspects, as well as by the expectations and self-perceived health status of those who are impacted (Muirhead, Meyerowitz, Leedham, Eastburn, Merrill, & Frist, 1992).

CONCLUSION

The results of the study showed a high self-acceptance in heart failure patients. Suggestions for further research are to conduct this study with different methods, designs, total samples, and places.

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