‘A Vicious Cycle of Heart Failure Care’-Grounded Theory Study Exploring Healthcare Professionals’ Decision Making when Managing the Care of Patients Diagnosed with End Stage Heart Failure.

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Background

Evidence suggests that 1 in 10 patients diagnosed with Heart Failure will die in a hospital bed[3]. There are well recognised and documented inequalities in people diagnosed with heart failure and their experience of end of life care between geographical locations and across different populations[4]. These inequalities in healthcare have resulted in patients with end stage heart failure and their families receiving poor standards of care and delays in transitioning to palliative care services[5].

Aims

The aim of this study was to explore both healthcare professionals' and heart failure patients' experiences of the decision making process at the end of life and the impact this may have on end of life care.

Methods

A Constructivist Grounded Theory[6] was conducted over a 12 month period in a District General Hospital in the North West of England. A purposeful sample of 15 nurses, 11 doctors and 16 patients were recruited from the acute medical setting (figure 1). Data were collected using semi- structured interviews and focus groups. The interviews were recorded, transcribed and coded using constant comparison and NVivo.

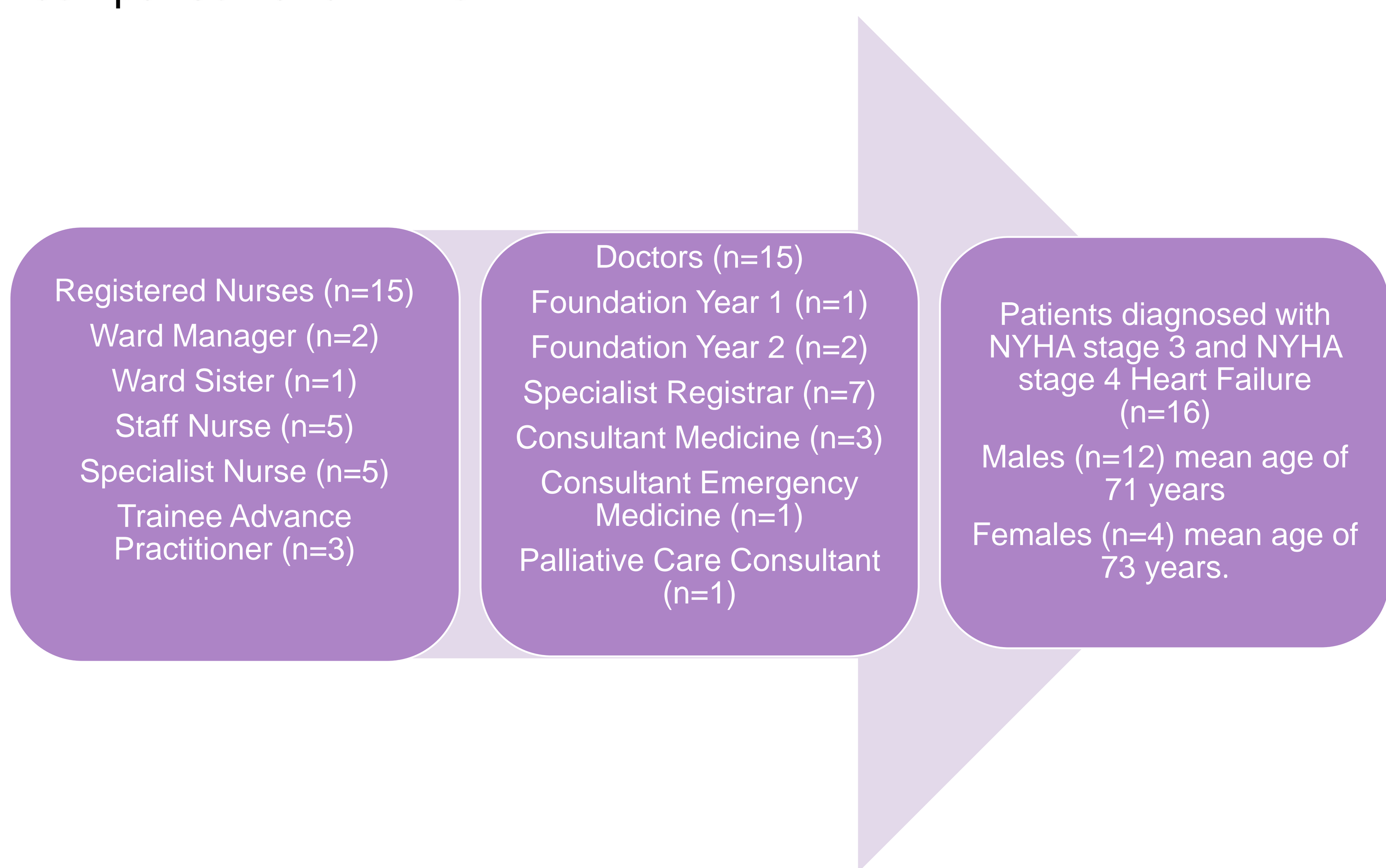

Figure 1 Numbers of healthcare professional and patients recruited to this study

Findings

Four theoretical categories emerged from the data to explain how healthcare professionals and patients negotiated the process of decision making when considering end of life. These four categories: **signposting symptoms**, **organising care, being informed and recognising dying** were found to revolve around a core category ‘vicious cycle of care’ which was fast paced, turbulent and time limited. This cycle was found to disable the process of decision making between the healthcare professional and patient resulting in missed opportunity for the patient to transition to palliative care.

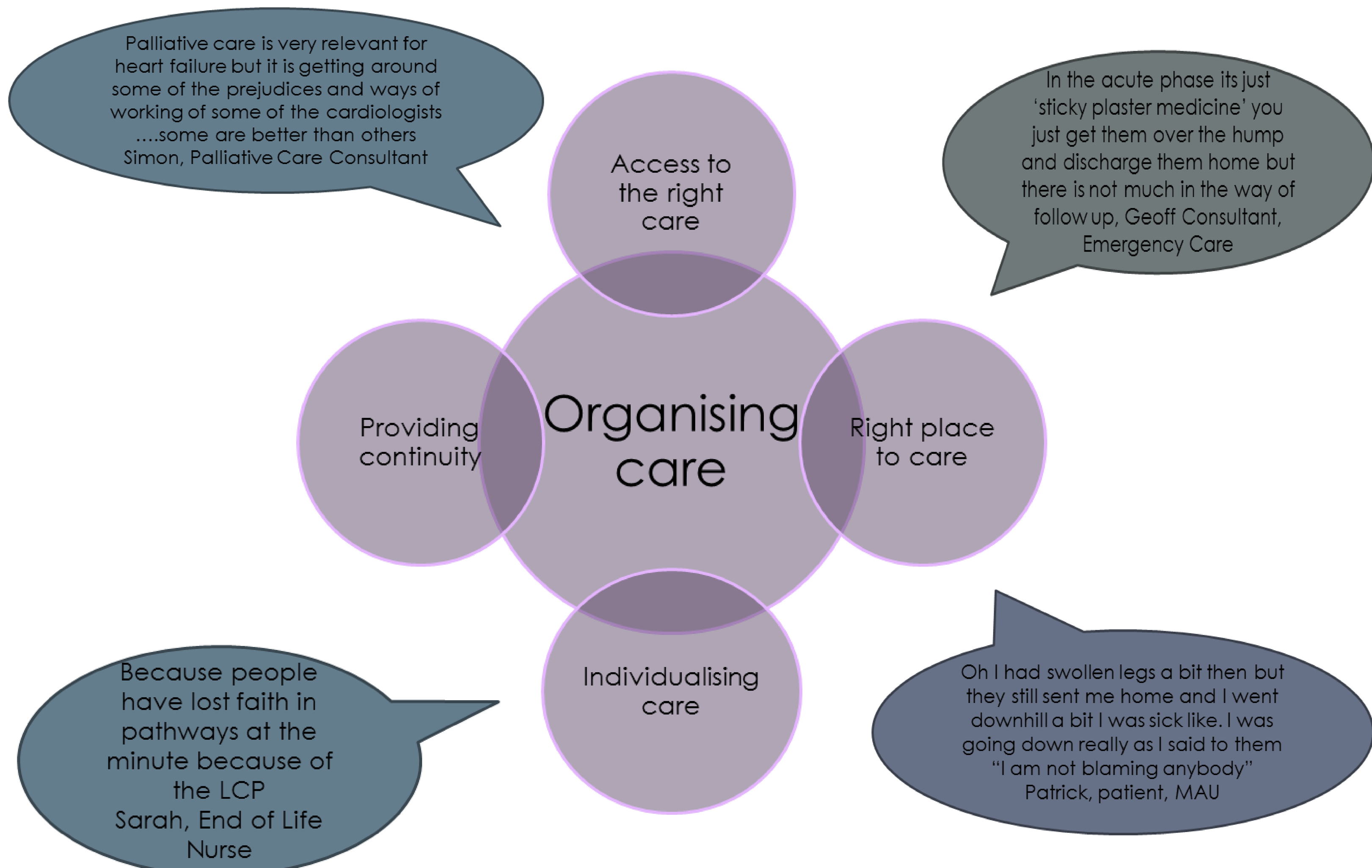

Figure 2 Examples of patient , nurse and doctor quotations from the interviews under the four theoretical categories

Substantive Theory –Negotiating a Vicious Cycle of Heart Failure Care

The theory ‘negotiating the vicious cycle of care’ (Figure 3) was an in vivo code which emerged to explain how participants in my study negotiated decision making within the cycle of end stage heart failure. The theory suggests that this turbulent ‘vicious cycle’ of care for heart failure patients disabled the shared decision-making process between healthcare professionals and the patient resulting in a delay in transitioning patients to palliative care.

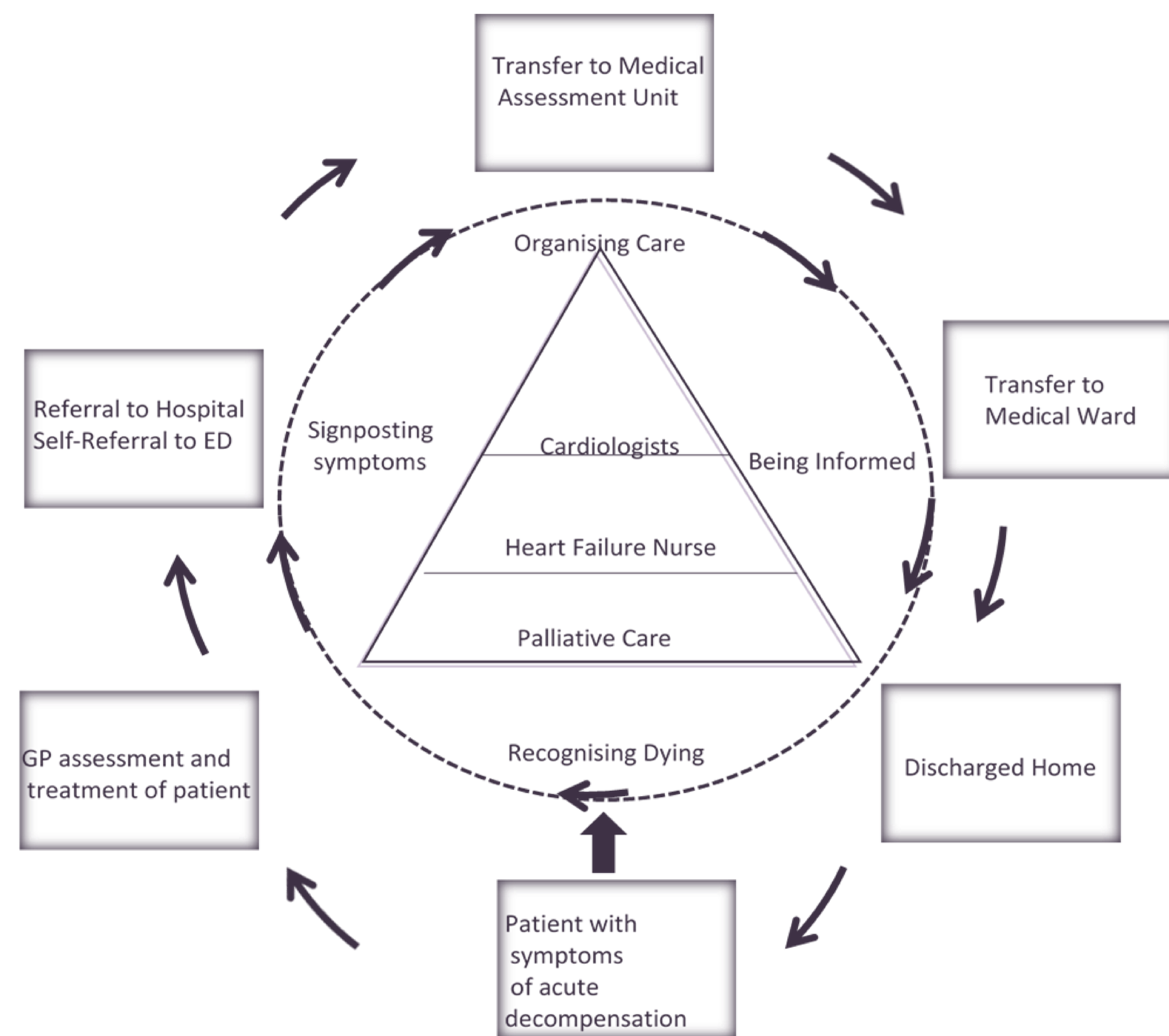

Figure 3 A Vicious Cycle of Heart Failure Care

Conclusion and Recommendations

The emerging theory ‘vicious cycle of care’ offers an explanation as to why decisions were not made by healthcare professionals to transition patients with end stage heart failure to palliative care. Further work needs to be undertaken with healthcare professionals and patients to map out a ‘cycle of care’ which identifies key phases in the terminal stage of heart failure and correctly signposts the patient to the right healthcare care professional for intervention. Further research is required with General Practitioners to further explore the barriers to providing end of life care for heart failure patients.

Pumping Marvellous for heart failure patients

Acknowledgements
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