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## Psychological distress and coping styles among patients with heart failure

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### Abstract

Psychological distress is a prevalent phenomenon among patients suffering from heart failure (HF). Coping styles may alleviate psychological distress in these patients. This study aimed to explore the experiences of Jordanian HF patients related to coping styles for psychological distress. In this phenomenological descriptive study, semi-structured interviews were conducted with 27 participants with HF. The main theme identified was "finding ways to cope with psychological distress," which included three subthemes from the analysis of interviews: faith and spiritual beliefs help to ease suffering, being grateful for family presence, and distraction techniques. The findings revealed that coping styles could reduce psychological distress in patients with HF. It is recommended that healthcare providers understand patients' coping processes and support HF patients experiencing psychological distress. Furthermore, this study highlights the necessity for interventions that could help individuals with HF to cope more effectively with psychological distress.

**Keywords:** Coping, Faith, Jordan, Heart failure, Psychological distress, Spiritual.

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### 1. Introduction

Heart failure (HF) is a global pandemic, resulting in significant death, morbidity, and healthcare expenses, primarily in patients older than 65 years [1]. Globally, about 64 million people suffer from HF [2]. In 2021, the American Heart

Association (AHA) indicated that approximately 6 million, about 1.8% of the total United States population, have heart failure (HF). By 2030, it is predicted that there will be more than 8 million patients with HF [3, 4].

There are approximately 3.75 million patients suffering from HF in the Middle East Arab countries region [5]. In Jordan, there are about 100,000 patients suffering from HF, and it is considered the fourth-largest cause of death among men and women, resulting in 562 deaths out of 6,436 deaths caused by all causes of CVDs [6].

In patients suffering from HF, psychological distress is prevalent and associated with a crucial reduction in quality of life, recurrent hospitalization, higher risk of all-cause mortality, and non-adherence to treatment [7-11]. In Saudi Arabia, a study found that HF patients have approximately 56.9% and 52.7% anxiety and depression, respectively [12]. Additionally, Nurhayati et al. [13] found that 60% of Indonesian HF patients have anxiety. Heart failure patients who experience psychological distress are associated with increased service utilization and rehospitalizations, which cause increased healthcare system costs [14-16]. Heart failure patients who are depressed incur approximately 30% more healthcare costs than non-depressed individuals [17]. Heart failure patients suffering from depression incur approximately 30% higher healthcare costs than non-depressed patients [17]. Patients suffering from HF have feelings of lack of confidence, anxiety, and fear because their illness might deteriorate promptly, and they feel that death is impending [7, 8, 18, 19]. Therefore, the burden of having HF and maintaining a treatment plan is a stressor that patients must cope with [7, 20, 21]. Coping is defined as all cognitive and behavioral attempts taken to manage stressful events that may be internal or external and that are beyond one's resources [22]. Coping methods are the ways that people use to face stressful events to manage negative emotions [23]. Coping methods might be (a) problem-focused, which deals with the stress-inducing event directly to reduce the stress, or (b) an emotion-focused coping approach, intended to handle the stressful emotions linked with the problem. Different emotional responses to circumstances might be either adaptive or maladaptive [24]. Consequently, adaptive coping strategies for the negative emotions resulting from HF are crucial in alleviating psychological distress [25-27].

Community nursing plays a pivotal role in supporting heart failure (HF) patients, particularly in addressing their psychological and emotional well-being. Through regular home visits, health education, emotional support, and close monitoring, community nurses help reduce hospital readmissions and promote adherence to treatment plans. They act as a vital link between patients and the healthcare system, offering continuity of care, especially for those with limited access to healthcare services. Moreover, community nurses are instrumental in the early identification of psychological distress, guiding patients toward appropriate coping mechanisms and facilitating referrals to mental health professionals when necessary. Their culturally sensitive approach is especially valuable in regions like Jordan, where tailored psychosocial support can significantly enhance patients' quality of life and ability to manage their illness [19, 28]. Therefore, integrating community nursing into HF care models is essential to provide holistic, patient-centered support.

Okviasanti et al. [26] conducted a cross-sectional study in Indonesia and found that a lower coping mechanism is associated with a higher level of anxiety and depression in HF patients. Religiousness/spirituality are considered coping strategies as sources of strength and support, which are linked with lower levels of psychological distress and QoL in patients with HF [29-33]. Additionally, previous studies showed that a lower level of psychological distress was associated with social support in patients suffering from HF [28, 34, 35]. In patients suffering from HF, there has been little qualitative research exploring coping styles and psychological distress in patients with HF. In Jordanian patients suffering from HF, anxiety and depression were 47.3% and 56.7%, respectively [36]. As a result, psychological distress is a worrisome phenomenon in patients suffering from HF in Jordan. Since most previous studies had a Western background, many of their results might or might not apply to the Jordanian culture. No qualitative studies were found in Jordan to explore this phenomenon, since qualitative research is useful to conduct an in-depth exploration of HF patients' experiences. Consequently, the current study aimed to explore Jordanian HF patients' coping styles with psychological distress from their perspectives.

## **2. The Method**

A qualitative phenomenological descriptive design was utilized to collect data through individual, semi-structured interviews conducted between March and November 2022. Semi-structured interviews are characterized by their flexibility and are found to be appropriate for conducting phenomenological study, as they allow participants to talk freely about their experiences since the interview is conversational and informal to allow for open dialogue [37]. A purposive sample was taken from cardiac outpatient clinics at two public hospitals in Jordan. Twenty-seven individual interviews with adult HF patients were done. As a preliminary step, before starting the data collection, the Institutional Review Board (IRB) committee at the University of Jordan was taken, and all hospitals where data collection was performed. The eligible participants signed the consent form after explaining the purpose of the study, significance, procedure, benefits, and risks. Through the semi-structured interviews, the interview guides were constructed by the researchers depending on a literature review that included questions related to the topic of experiences of coping styles with psychological distress in HF patients. The interview included the general question- ("Tell me about how you coped with your psychological distress?"). The participants were informed that they received an ID number at the time of data collection. The interviews lasted for an average of 46 minutes from March 2022 to November 2022. Interviews were recorded and transcribed verbatim, then the data was interpreted by using thematic analysis NVivo software. Self-reflection was used as the first step in the analysis. All interviews were transcribed, and each paragraph idea was then keyword coded. Then the researchers clustered the keywords as parent nodes and tree nodes, all that analysis was done by using the NVivo 7 program. After that, the analysis was completed by jotting down each tree node core notion, which explains what that node means. Then, from each idea, the theme was concluded. Subsequently, the final themes were generated and quotations from the participants' interviews were used to reflect these themes.

Trustworthiness was achieved by allowing all the researchers to read all transcripts of participants' interviews and found all the likely meanings of data. Additionally, a consensus on the final list of themes was reached after reviewing the principal researcher's interpretations with the other researchers and taking their recommendations into account. Study findings and analysis were sent to some participants who agreed to review them as it represented their experiences truthfully.

### 3. Findings

The sample of the current study included 27 people with HF from northern and middle Jordan. The participants' ages ranged from 56 to 82 years. The analysis of the interviews identified the major theme as "Finding ways to cope with psychological distress." This theme pertains to the coping mechanisms employed by study participants after experiencing psychological distress related to HF. The main theme comprises three sub-themes: faith and spiritual beliefs help to ease suffering, being grateful for the family's presence, and distraction methods.

#### 3.1. Faith And Spiritual Beliefs Help to Ease Suffering

One issue discussed during the interviews was the sources of faith and spiritual beliefs that participants perceived as effective ways of alleviating their suffering from psychological distress. Most participants use spirituality and religiosity, including religious practices such as prayer, reading the Quran, and fasting, as coping mechanisms, particularly as sources of strength that might overcome the stressful influences of psychological distress associated with HF.

*I believe in God, I consider my disease a test from God, and I should pass this test to be closer to Him and accept God's will. I read the Holy Quran daily; this makes me feel relaxed, and I pray when I feel anxious or when I find it difficult to sleep, and this makes me calm. (Amal)*

It appeared in the interview texts that relying on God allows the participants to recognize their difficult situations and guides them through the adaptive process. It also revealed how religion empowers participants' spirituality and how it might enhance their inner strengths and inner peace, consequently enabling them to cope with negative feelings.

*My relationship with God has increased, Alhamdulillah (Praise be to God). I pray, and when I ask God's help, I feel strong, and it helps me cope with my condition. (Ali)*

Many participants mentioned the effect of the Quran and prayer, as well as their spiritual feelings in religious places, which might alleviate their psychological distress.

*Before I sleep, I pray and I always read An-Nas, Al-Kursi, and Al-Mu'awwidhat Sura because they decrease my stress. (Mona)*

Religion played an important role in many participants' finding meaning and purpose through illness:

*My relationship with God has increased, Alhamdulillah (Praise be to God). I pray, and when I ask God's help, I feel strong, and it helps me cope with my condition. Before my disease, I did not go to the mosque regularly, but now, when I feel very stressed, I go to the mosque, and I feel calm. I say to myself, 'My disease might happen to another person. Religion makes me calm. (Hamda)*

#### 3.2. Being Grateful for the Family's Presence

Another coping strategy noted by the participants during their interviews was the importance of social support in helping them overcome psychological distress by drawing strength from their family, which they considered crucial for aiding their adaptation to illness.

*I'm lucky to have my family. My son used to go with me to the cardiac clinic, and he listened to all the doctor's instructions to care for me. Nobody understands me as well as my son, and if something happens, he knows me from my eyes. He calms me down, and I feel better and more at ease. Thank goodness, I have his. (Awad)*

Many participants expressed that the strong links with the extended family system and friends in traditional Jordanian culture were crucial components of coping mechanisms to deal with their psychological distress by strengthening their resilience.

*Just being able to talk about my bad mood alleviates my anxiety. If you do not have family support, you may relapse, and it can happen quickly; if the wife does not support her husband, he will not accept his disease. (Basel)*

On the other hand, some participants claimed that they did not have enough support and help from their families and husbands:

*My husband was impatient with my suffering and tiredness, and he criticized me for doing less housework, which made me feel in a bad mood. (Entesar)*

Some participants said that friends and relatives were also important in alleviating and coping with their stressful situations:

*I have known my friend since childhood; he is my neighbor. I used to speak with him often when I became ill. My friend tries to alleviate my psychological distress by talking with me, and he tells me about our happy memories to support me. (Amar)*

Another participant added:

*I open my heart to my friends, neighbors, and relatives who come and listen to me. I also listen to them..... We give each other some suggestions and counseling, and they support me and comfort me when I feel anxious and frustrated. (Inaam)*

Other participants revealed that they were extremely worried about their financial situation due to job loss and rising medical costs, which contributed to the stressful situation. Her family also provided her with financial support:

*Sometimes, I can't go to a private doctor and buy some foreign drugs due to financial strains. This makes me stressed and sad, but when I call my sister, she helps me immediately. Really, this makes me feel comfortable and secure. (Alia)*

### 3.3. Distraction Ways

The participants expressed that they cope mentally with the emotional distress of living with HF through different strategies that focus their thinking away from the stressors. Some participants tried to avoid thinking about the disease and death, which included not wanting to know more about their condition and treatment.

*When I feel anxious, I try to decrease my thinking about my disease and the fear of death, and I try to avoid knowing more details about my treatment. This decreases my anxiety. (Hamad)*

Other participants reported that they expressed their experiences in search of various resources (books, newspapers, social media, etc.), which allowed them to keep their minds focused and divert attention away from the disease.

*When I get stressed, I look to read a newspaper or a book, which can help me decrease this stress.*

*(Muneera)*

Doing domestic activities such as reading magazines and following social media allowed some participants to overcome their stressful situations.

*When I feel stressed, I speak with my husband, and I get distracted. I turn on the TV and watch Indian programs when I am thinking too much. I attempt to keep my family at ease and keep my nervousness secret. (Ibtehal)*

Some participants mentioned a range of escape-avoidance behaviors in stressful situations, such as catharsis (crying, shouting, etc.), which might help them calm down.

*When I feel bad, I cry and shout, and then I become relaxed. (Esraa)*

Some participants reported that they used relaxation techniques to decrease their stress:

"Sometimes, when I get stressed, I just relax. I lie down on my bed and sleep; then, I take a deep breath, and this makes me calm."

Many women participants try to talk to other women about their emotions and how they feel:

*I cannot do the physical things that I used to do, such as house chores, but I try to find something to keep me mentally alert. I try to talk to my neighbor about anything to alleviate my stress. (Lubna)*

Sometimes participants try to alleviate their psychological distress by engaging in work or hobbies such as walking, singing, and watching television, in addition to conversing with others about topics other than their disease.

*When I feel anxious, I walk on the farm and sing and this makes me calm .... I won't think too much. Thinking too much will put you in a bad mood. (Reem)*

Sharing experiences and burdens with others was another coping mechanism among some participants, which might alleviate psychological distress, and obtaining social support was a significant source of assistance. Sharing experiences, as stated by many participants, was perceived as a necessity because they sometimes feel a loss of control and role identity, and they need this sharing to alleviate their negative feelings.

*When I feel stressed and frustrated, I prefer to talk with my neighbor who has renal failure. I share my emotional strains with her, and she alleviates my stress by reminding me of my faith in destiny and reading the Quran. This helps me to feel calm. (Munther)*

## 4. Discussion

Psychological distress is one of the prevalent phenomena affecting patients suffering from heart failure (HF) worldwide, which is associated with adverse outcomes. Therefore, there was an immediate need to cope with the psychological distress resulting from HF. This study focuses on the experiences of HF patients with coping styles regarding psychological distress. According to the Jordanian context, religion and spirituality are considered effective coping strategies [38]. One of the coping styles of psychological distress is that faith and spiritual beliefs help to ease suffering in most participants. Ott et al. [39] explained that the Islamic religion is a significant factor in shaping our beliefs and the Islamic law guiding our lives. Every Muslim must accept God's will and believe that Allah is the ultimate healer. This was congruent with a study that found decreased spiritual well-being was associated with increased depression and anxiety in patients with HF [33].

Most participants believe in God's will and that Allah is the ultimate healer, and this belief might help some participants to alleviate their negative feelings. This finding is congruent with other studies, which revealed that spirituality was linked with lesser levels of psychological issues [29, 30, 32, 33, 40-43]. According to the Jordanian Nursing Council [44], which stated that patients' spiritual needs assessment is crucial as part of their total assessment. However, Jordanian nurses provide various aspects of spiritual care to their patients infrequently, Omoush et al. [45] and Musa et al. [46]. Park and Lee [32] found that religiousness/spirituality was related to mental well-being and decreased levels of depressive symptoms [32]. The family has a crucial role in caring for and supporting ill family members, which stems from Jordanian society's social values, customs, rituals, and religious commandments [47]. This is in line with Saleh Al Mutair et al. [48], who found that the Arabic family plays a significant role in empowering patients' inner strength during illness.

Consequently, it was apparent in many participants' accounts that family members were the primary source of support, and they had an important effect on coping with their psychological distress. This finding was congruent with the findings of previous studies that found that family support, including strong relationships and solid psychological health, helped individuals to cope with stress and enhance their psychosocial well-being [47-50]. The study's findings agreed with those of Alemayehu et al. [51], who indicated that social support was linked to a lower level of depression and a quicker recovery

from depressive symptoms. Additionally, the findings of the current study, which revealed that social support was associated with decreased psychological distress, were congruent with the results of several earlier studies [28, 52-60]. The results of this study might be explained by patients who may be less susceptible to the negative pressures of life and exhibit fewer depression symptoms because of having higher levels of social support linked to good coping mechanisms [61].

However, in this study, some participants did not have enough support and help from their families, which increased their psychological distress. This was congruent with Umer et al. [62], who found that the possibility of developing depression in those who had poor social support was twice that of those with moderate social support [62]. Finally, the findings of the current study indicate that the majority of participants used different distraction strategies to cope mentally with the emotional distress related to HF, which might help participants feel better and more comfortable in coping with every problematic situation and stress. This finding is consistent with many previous studies, which found that distraction strategies were associated with a lower level of psychological distress [13, 25, 26, 56, 63-67]. Some participants stated that watching TV, exercising, and talking with others to share feelings were useful techniques to alleviate their psychological distress.

Moreover, the results of this study were inconsistent with those of Graven et al. [56], who found that emotion-focused coping techniques were linked to higher psychological distress in patients suffering from HF. This might be explained as emotion-focused coping strategies rely on reducing the intensity of the negative emotions rather than solving the problematic situation itself [25]. Furthermore, participants were trying to alleviate their psychological distress by engaging in exercises such as walking. This is consistent with a study indicating that decreased levels of psychological distress are related to exercise [68, 69]. Talking with others to share feelings was a useful technique used by some participants to alleviate their psychological distress. This was in line with Nilsson et al. [70], who stated that sharing the illness of patients with others' experiences as a coping mechanism is associated with decreased negative emotion.

## 5. Implications

Study findings indicated that the healthcare system should understand the coping styles of psychological distress in patients suffering from it. Moreover, nurses must offer or strengthen resources in their role of providing psychological support for these patients. Policymakers and nurses should implement interventions targeting coping methods that might improve patients' psychological distress, which could enhance their health status. Providing training programs, in addition to workshops related to coping strategies for psychological distress, can help manage negative feelings and emotions. Furthermore, it encourages healthcare institutions in clinical settings to conduct training programs for nurses to provide appropriate spiritual care for their patients.

## 6. Conclusion

The findings of this study might help raise awareness among society and healthcare providers regarding the coping styles of psychological distress in patients suffering from HF. Furthermore, improving nurses' awareness of how patients with HF cope with their psychological distress might help in providing better care and support for them. The findings might serve as a basis to involve families more in their patients' healthcare and to provide a religious/spiritual environment to assist in offering psychological support. Further research is needed to investigate coping styles that may alleviate psychological distress in patients suffering from HF.

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